



Consent Form for Academic Record - Scholarship and Award Funding

Name (please print): _____

Student Number: _____

A) I give consent to have my scholarship(s), and/or award(s) listed on my official academic record and/or transcript.

Effective (date- ddmmyyy): _____

Signature

Date

B) I rescind my consent to have my scholarship(s), and/or award(s) listed on my official academic record and/or transcript.

Effective (date -ddmmyyy): _____

Signature

Date