

Release/Request of Information – Adult

**Sakala Success Centre**

**Tel: 403-782-3381 ext. 4149**

**Fax 403-782-3285**

I, give permission to the Sakala Success Centre at Burman University to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

at,

This release is for the following purposes only:

I understand that this release applies only to the following time period:

This release can be canceled at any time with a written statement that bears the name and signature of the person on this release.

Signature

Date

Witnessed

Date