

**Department of Linguistics  
University of British Columbia**

**PERMISSION TO ACCESS INFORMATION IN ACADEMIC FILE**

This form is for the purpose of allowing the Department of Linguistics to access information in your academic file. Fill it out, date it, sign it, and return it to the Graduate Secretary of the Department of Linguistics. (If you have any questions, please consult the Graduate Advisor.)

**Surname:** \_\_\_\_\_ **Given Name:** \_\_\_\_\_

**UBC Student #** \_\_\_\_\_ **Academic Program:** (    ) **Masters**  
(    ) **PhD**

I hereby authorize the Department of Linguistics to access information contained in my academic file that is relevant to the administration of the graduate Linguistics program. This includes generating lists of current graduate students with contact information (address, telephone number and e-mail contact), as well as circulating this list to members of the Department of Linguistics.

Date \_\_\_\_\_ Signature \_\_\_\_\_