

## Authorization for Release of Academic Information

I, \_\_\_\_\_ (*name*), hereby authorize representatives of the Odette School of Business of the University of Windsor (“**Odette**”) and The Institute of Chartered Accountants of Ontario (the “**Institute**”) to exchange academic information, including my transcripts, and any other relevant information that I have provided to either Odette or the Institute for the purposes of determining my eligibility to enroll in the Odette CA Pathway, assessing my academic credentials, determining any exemptions from the Institute’s 51-credit-hour requirement and finalizing my uniquely designed Odette CA Pathway.

**SIGNED** at \_\_\_\_\_ (*city*), \_\_\_\_\_ (*country*), this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signature: \_\_\_\_\_

Full name (print): \_\_\_\_\_

Date: \_\_\_\_\_

Please return **ONE ORIGINAL COPY** of the completed Authorization for Release of Academic Information to:

Prof. Jim Stevens  
Director Professional Accounting Programs  
Odette School of Business  
University of Windsor  
401 Sunset Avenue  
Windsor ON N9B 3P4

and **ONE ORIGINAL COPY** to:

Dominique Charles Lecocq, CA  
Associate Director, Education  
The Institute of Chartered Accountants of Ontario  
69 Bloor Street East,  
Toronto ON, M4W 1B3