



Release of Information Authorization

I, _____ hereby authorize the staff of Southern First Nations Secretariat of 22361 Austin Line, Bothwell, Ontario to obtain, release and exchange information with _____
(Name of your school) (City, Location of school)

I, _____ provide my consent, for the staff of Southern First Nations Secretariat to release information which may include my name, program of study and all financial assistance awarded to me to Federal and Provincial Governments/agencies and my First Nation Government offices/agencies.

This agreement is valid for the period of _____ to _____
(Include the entire length of your program of studies)

Signature: _____ Student ID: _____

Date: _____ Witness: _____