



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 _____
(College/University) (City, Location of College/University)

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.

I also consent for the staff of Southern First Nations Secretariat to release information about and/or discuss my student file to the following people (e.g., parent/guardian, grandparent, partner, etc.):

Name: _____ Relationship: _____

Name: _____ Relationship: _____

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

Signature: _____ Student ID: _____

Date: _____ Witness: _____