



Caldwell First Nation
Post-Secondary Student Support Program
Release of Information Authorization

I, _____, hereby authorize the Caldwell First Nation Post-Secondary Department staff of 14 Orange Street, Leamington, Ontario Canada N8H 1P5 to obtain, release and exchange information with

Name of your Institution and Campus Location (City, Province/State, Country, Postal/Zip Code)

I, _____ provide my consent, for the staff of Caldwell First Nation 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 _____ (use dates that indicate the length of your program)

Legal Name

Witness Full Legal Name

Signature

Witness Signature

Date

Date