



APPENDIX B- RELEASE OF INFORMATION

Consent to the Disclosure or Release of Information

Curve Lake First Nation Education Department

22 Winookeedaa Road

Curve Lake, Ontario K0L 1R0

Pursuant to Sections 33 (b) (c) & 34 (b) of the Freedom of Information and Protection of Privacy Act

NAME _____

COLLEGE/UNIVERSITY

As a sponsored student through the Curve Lake First Nation Post-Secondary Program, I the undersigned

_____ Consent to the Release of Information to the Post- Secondary

(Name of Student)

Officer for the Mississaugas of Curve Lake First Nation

- Students receiving financial assistance and their parents are required to sign a **Consent to the Disclosure or Release of Information** form. **This authorization is in effect for the current academic year as well as any subsequent year of study at the above named institution.**

- This form will authorize the institution to release information to the Post-Secondary Officer for Curve Lake First Nation, pertaining to academic performance, attendance, transcripts or any other information requested by the Post-Secondary Officer.
- I agree to have my name published with respect to accomplishments or achievements made.

Also, I consent to disclosure of this information to appropriate staff of the Curve Lake First Nation when deemed necessary.

Signature of Student

Date

Signature of Post-Secondary Officer

Date