



RELEASE OF INFORMATION

Institute:

Program:

Academic Year: 20_____ / 20_____

Authorization to Release Information

As a student sponsored by Biigtigong Nishnaabeg, I hereby authorize the above named post secondary institute to release information, transcripts, attendance records and other information pertaining to my academic progress to the above named sponsoring agency.

I also authorize Biigtigong Nishnaabeg Endzhi-gkinoohmaading, formerly Ojibways of the Pic River First Nation Post Secondary Support Program, to exchange information with the post secondary institute as it pertains to my academic progress.

Student Name: _____

Student Address: _____

Student Number: _____

Student Signature: _____

Date: _____