



CHIPPEWAS OF THE THAMES FIRST NATION EDUCATION

Post-Secondary Counselling Services, 324 Chippewa Road, ~~Muncey~~, Ontario N0L 1Y0
Tel: 519-289-0621 www.postsecondary@chippewa-ed.on.ca Fax: 519-289-0633

Consent to Release of Personal Information

The completion and signing of this form by the student provides consent and permission to the _____

_____ (Name of School) to share the personal information identified below with an authorized representative of Chippewas of the Thames First Nation Board of Education Post-Secondary office as listed below as third parties for the indicated period of time.

Student Information

Student Name: _____

Student Number: _____

Phone Number: _____

Date of Birth: _____

Academic Year: _____

Program: _____

Chippewas of the Thames Board of Education Post-Secondary Office Third Party Information

Name: Debbie Dolson-Young _____

Position: Post-Secondary Counsellor _____

I, _____ (student name) consent to the release of information to an authorized representative of Chippewas of the Thames First Nation Post-Secondary Office (indicated with a check mark)

- Determine eligibility
- Verify eligibility
- Collection of information about me, my spouse/partner, my dependents, and/or any children in my care
- Attendance
- Academic progress reports, transcripts, grades, GPA
- Teacher's Comments
- Discipline Record
- Enrolment Status
- Funds received, OSAP payments, payments, restrictions.
- Student Account (tuition fee, residence fee, school bursary or grants received)

I further consent to the exchange of information with any service provider offering assistance within the mandate of the Chippewa of the Thames First Nation Board of Education Post-Secondary Program pertaining to paragraph 1 to verify my eligibility for educational assistance.

Time Period during which information may be shared

Start Date: _____
(MM/DD/YYYY)

End Date: _____
(MM/DD/YYYY)

I have read and understand this consent for the release of information. With my signature below, I authorized the release of to the person(s) named on this form, during the time period indicated, the identified information pertaining to my enrollment as a student with the Chippewas of the Thames First Nation Board of Education Post-Secondary program.

Student Signature

Date

The information you provide and any other information placed in a student file will be protected and used in compliance with the Ontario's Freedom of Information and Protection of Privacy Act and will be disclosed on in accordance with this Act.