



## APPENDIX B- RELEASE OF INFORMATION

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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.

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Signature of Student

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Date

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Signature of Post-Secondary Officer

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Date