



## **Release of Information Form B**

**TO: WRFN Departments**

Name

Student Number

Pursuant to section 39(1)(a) of the Freedom of Information and Protection of Privacy Act,

I,

*(student to print his/her full name)*

authorize the **Whitefish River First Nation Education Department staff** to share the following information for the purpose of administering the WRFN Post-Secondary Education funds and ensuring the WRFN PSE Policy is applied:

- Detailed Account Information - including sharing my bank account information for EFTs, determining the number of my months of funding previously received.
- Determining my eligibility for funding as a Whitefish River First Nation Band Member as defined by Indigenous Affairs Canada.
- Informing upper Management of WRFN all details of my WRFN PSE file, including funds received, funding months remaining, transcripts and my level of compliance with WRFN PSE Policy.

Education Manager and other Education Department staff, are authorized to disclose and exchange information as specified above with: the WRFN Finance Department staff, WRFN Membership Clerk and WRFN Band Manager.

The terms of such release of information will be ongoing from the date this form is signed below:

- for the semesters/ terms Whitefish River First Nation has provided funding to my institution and/or myself.

Student Signature

Date

*At the Whitefish River First Nation Education Department, we recognize and respect the importance of privacy. Personal information that we collect regarding Applicants requesting funding and Funded students, is kept confidential. The WRFN Education Department will only use the information in its custody or control as it pertains to the administration of our Post-Secondary Education Policy.*

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### **Instructions:**

**THIS FORM IS NOT A PDF FILLABLE FORM; PLEASE HAVE IT PRINTED BEFORE FILLING IN AND SIGNING IN BLUE INK**

*If the student is less than 18 years of age, then his/her parent/guardian MUST also sign these forms*