



Release of Information Form A

TO: COLLEGES/UNIVERSITIES

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 contact the **staff of**: Office of the Registrar, Student Accounts Receivable, and First Nations Student Services, as well as Residence Office and Disability/Accessibility services if applicable, for the purpose of obtaining the following information pertaining to my student account and records:

- Determining Enrolment status - including Part-time/Full-time designation, Programs and/or Course changes, official transcript requests, mid-term marks, withdrawals, suspensions and expulsions.
- Detailed Account Information - including refunds to student, outstanding balance, requests for invoices/statements, payment receipts, etc...
- Liaising with First Nation Student Service staff - including requests for student advocacy and tutoring support, requests for meet & greet, as well as arranging for other support services within the institution.
- Liaising with Residence Coordinator informing of my sponsorship with respect fo Residence accomodations &/or meal plan.
- Liaising with Disability/Accessibility Student Services staff for the sole purposes of determining if I registered with the service.

(student to print name of his/her College or University.

is authorized to disclose such information as specified above to the person or organization listed below:

First Nation 3rd party sponsor: Whitefish River First Nation
 c/c Stephen Nahwegahbow, Education Manager
 Telephone: 705-285-4335, ext. 209 17A Rainbow Ridge Road, Box 188
 Email snahwegahbow@whitefishriver.(Birch Island, ON P0P 1A0

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.

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 this form