Release of Information

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| **Name of School:** |  |
| **Location:**  |  |
| **Attention: Office of the Registrar/Counselling Services** |
| **I,**  |  |
| **Hereby authorize the staff of the Delaware Nation Education Department of 14753 School House Line, Thamesville, Ontario N0P 2K0 to obtain, release and exchange information with the above named Institution or Agency for the period below (Include entire length of your program of studies).** **I further authorize the staff of the Delaware Nation Education Department to obtain, release and exchange information with the Southern First Nations Secretariat to verify historical funding and academic information to determine current eligibility.**  |
| **Beginning:** |  |
| **Ending:** |  |
| **Signature:** |  |
| **Student Number:** |  |
| **Date:** |  |