



Beausoleil Education Authority

Beausoleil First Nation

Cedar Point P. O., Christian Island, Ontario L0K 1C0

Consent to the Disclosure or Release of Information

Pursuant to Section 42(b) (c) of the Freedom of Information and Protection of Individual Privacy Act.

∴ *As a condition to students receiving financial assistance from the Post Secondary Student Assistance Program, the Beausoleil Education Authority requires the student to sign a Consent to the Disclosure or Release of Information.*

NAME: _____

COLLEGE/UNIVERSITY: _____

Student Number: _____

PROGRAM: _____

FINANCIAL: _____

As a sponsored student through the Beausoleil First Nation Post-Secondary Student Assistance Program, I, _____ consent to the release of information to the Beausoleil Education Authority.

∴ *This form will provide the Beausoleil Education Authority with information pertaining to academic performance, attendance, progress reports/transcripts or any other financial information requested by the Beausoleil Education Authority.*

(Student Signature) Date: _____

Education Director's Signature Date: _____