



MATAWA POST-SECONDARY PROGRAM

200 N. Lillie St, Thunder Bay, ON P7C 5Y2 / Phone: (807)768-3300 EXT 3319 Fax: (807)768-3301 Email: postsecondary@matawaeducation.ca

CONSENT TO REQUEST AND RELEASE INFORMATION		
Surname	First Name	Middle Name
Student Number		Date of Birth
Educational Institute		Address

A. Modular Student

Please provide a letter from your employer stating what type of financial support they are providing to you while in attendance with your modular program (ie: travel, accommodations, meals, other.)

B. Consent to REQUEST information

I, _____ provide my consent, as required, by Matawa Post-Secondary Policy to allow the Matawa Post-Secondary Program Coordinator to request copies of information from employers, institutions and other funding agencies. This consent is intended to allow the Matawa Post Secondary Staff to verify information in order to determine my eligibility to receive Education Assistance.

C. Consent to RELEASE information

I, _____ provide consent as may be required, by the Matawa Post-Secondary Policy to allow the Matawa Post-Secondary Office to release information and provide copies of documentation to employers, institutions and other funding agencies. This consent is intended to allow the Matawa Post-Secondary Program to provide information so that my eligibility for assistance may be determined.

D. SIGNATURES:

This signed consent is valid until _____, 20_____.

Signature: _____ Date: _____

Applies to common-law / married applicants:

I, _____ am the partner of _____.
I have read and understood this document and by this authorization I provide my consent, as may be required by the Matawa Post-Secondary Policy, to allow Matawa Post-Secondary staff to request and release information about myself to government agencies in order to determine my partner's eligibility to receive Educational Assistance.

Signature of Partner: _____ Date: _____