**Student Waiver**

**Release of Information Form**

*The information provided on this document is intended for administering and resourcing post-secondary student financial assistance only. Personal information will be held confidential and will be protected.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
| **Student First Name:** Click or tap here to enter text. | | | **Student Last Name:** Click or tap here to enter text. | | | |
| **Student University ID:** Click or tap here to enter text. | | | | | | |
| I authorize Stswecem’c Xget’tem Education Program access to inquire about all aspects of my post-secondary education and application while attending the following institution: | | | | | | |
| **University/College:** | Click or tap here to enter text. | | | | | |
| **Address:** | Click or tap here to enter text. | | | | | |
| **City/Prov:** | Click or tap here to enter text. | | | | | |
| **Postal Code:** | Click or tap here to enter text. | | | | **Telephone#:** | Click or tap here to enter text. |
| **This waiver will remain in effect for the following period:** | | | | | | |
| From **April** Click or tap here to enter text. to **June** Click or tap here to enter text. | | | | | | |
| Please provide Stswecem’c Xget’tem Education Program access to the following information: | | | | | | |
| Academic Status | | | | Enrolment Status | | |
| Grades | | | | Registration Information | | |
| Other (Please specify): | | | | Click or tap here to enter text. | | |
| Other (Please specify): | | | | Click or tap here to enter text. | | |
|  | | | | | | |
| **Student Signature**: | | Click or tap here to enter text. | | | | |
| **Date:** | | Click or tap to enter a date. | | | | |