**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.*

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|  |
| **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. |