GRAND RIVER POST SECONDARY EDUCATION OFFICE
P.O. BOX 339, OHSWEKEN, ONTARIO N0A 1M0
Tel. (519) 445-2219 Toll Free: 1 (877) 837-5180 Fax: (519) 445-4296

CONSENT TO REQUEST AND RELEASE INFORMATION

A. PERSONAL INFORMATION (Please print or write legibly.)

First Name	Middle Name	Last Name
Home Address		Telephone Number
Academic Address (if different from above)		Telephone Number
Date of Birth	Academic Student Number	Social Insurance Number
Educational Institution	Address of Educational Institution	

B. CONSENT TO REQUEST INFORMATION

I, _____, provide my consent, as may be required by statute, to allow the Grand River Post Secondary Education Office to request copies of information from employers; all sources of income; educational and employment and training institution(s); federal, provincial and Six Nations government offices/agencies. This consent allows the Grand River Post Secondary Education Office to verify information to determine my eligibility to receive Education Assistance.

C. CONSENT TO RELEASE INFORMATION

I, _____, provide my consent, as may be required by statue, to allow the Grand River Post Secondary Education Office to release information and provide copies of documentation to educational and employment and training institution(s) and federal, provincial and Six Nations government offices/agencies. This consent allows the Grand River Post Secondary Education Office to provide information so that my eligibility for other assistance (including employment) may be determined and to confirm any assistance received through the Grand River Post Secondary Education Office.

☐ VOLUNTARY CONSENT

By checking this box, I provide my voluntary consent to the release of the following personal information to Grand River Employment and Training (GREAT) for the purpose obtaining career related employment. Personal information is defined as: name, address, telephone number, e-mail address, name of post secondary institution enrolled in, length of program and graduation year. In giving this consent I understand that GREAT shall not release my information until I provide written permission.

D. SIGNATURES

This signed consent is valid until _____ (Month), _____ (Day) 20 ____ (Year).

Dated this _____ day of _____ (Month), 20_____ (Year).

_____ Signature

_____ Signature of Witness

OFFICE USE ONLY

Forms of Photo Identification: Verified by:

( ) Driver's Licence _____ ( ) Student Card ____( ) Indian Status Card _____ ( ) Other (Specify)