



CONSENT TO RELEASE INFORMATION

Post Secondary Student Assistance Program

Institution Name			
Address	City	Province	Postal Code
Student Information			
Student Name			
Address	City	Province	Postal Code
Telephone	Email Address		
Institution Website Address			
Student Login ID Number		Password	
Start Date		End Date	
<p><i>I authorize the Listuguj Mi'gmaq Government Education Directorate to use my student password to access my account at the institution's website mentioned above. I also authorize the release and use of any and all pertinent information related to my file to funding sources including Listuguj Mi'gmaq Development Center (LMDC) and to the Social Assistance department as well as any provincial and federal funding agency.</i></p>			
_____ <i>Signature</i>		_____ <i>Date</i>	