



Freehorse Family Wellness Society

2nd Fl., 5333-91 St., Edmonton, AB T6E 6E2

Phone: (780) 944-0172 Fax: (780) 944-0176

E-mail: general@freehorse.org

Post Secondary Funding Program

STUDENT CONSENT TO RELEASE/OBTAIN PERSONAL INFORMATION FORM

This form is used for the collection of personal information and for the purpose of managing the consent for disclosure of personal information. The provision of sponsorship by Freehorse Family Wellness Society (FFWS) requires students to be, and to remain, eligible in accordance with the Post Secondary Student Support Program policy. In order to verify student eligibility, FFWS may require access to information from and/or need to release student information to post-secondary institutions, banks, government funding agencies, First Nations and/or any other relevant organizations. FFWS may also need to release and/or obtain personal information regarding matters that arise out of the provision of sponsorship from our organization. Questions concerning the collection, use and disposal of the information requested on this form should be directed to your funding officer.

RELEASE OF INFORMATION

I hereby authorize Freehorse Family Wellness Society to disclose and/or obtain any of my personal and/or sponsorship information to bank, government funding agency, First Nation, any/my **post-secondary institution** (_____) or any other relevant organization for the following academic period. I hereby also authorize any/my post-secondary institution, bank, government funding agency, First Nation or any other relevant organization to release any personal information pertinent to my sponsorship to Freehorse Family Wellness Society for the following academic period:

_____ to _____
Start date (of program) **End** date (of program)

Student Full Name (print): _____

Social Insurance Number: _____

Student Signature _____ **Date** _____