



Freehorse Family Wellness Society

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E-mail: general@freehorse.org

STUDENT CONSENT TO RELEASE/OBTAIN PERSONAL INFORMATION

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.

- 1) I hereby authorize Freehorse Family Wellness Society **to disclose** any of my personal and/or sponsorship information to my First Nation, any/my post-secondary institution, another government agency, my financial institution, or any other relevant organization.

 - 2) I hereby also authorize my First Nation, any/my post-secondary institution, another government agency, my financial institution, or any other relevant organization **to release** any personal information pertinent to my sponsorship to Freehorse Family Wellness Society.
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Student Full Name (print): _____

Student Signature: _____ Date: _____