



Consent for the Release of Personal Information

Please use this form if you wish to grant another person access to your Freehorse Family Wellness Society (FFWS) sponsorship information on your behalf during academic term(s) you are applying for. Please note that a new form must be completed each academic year. If you are **under the age of 18** at the time of your application with FFWS, this form **must** be completed with at least one parent or legal guardian named in Section B.

Section A: Student Information

First and Last Name

Date of Birth – YY/MM/DD

Section B: Release Information to

First and Last Name

Relationship

First and Last Name

Relationship

Section C : Information to be Released

Please use this area to explain what type of information you wish FFWS to disclose to the above named person(s) during the academic term(s) you are applying for. Please leave this section blank or write “all” if you wish all file information to be disclosed to the above named person(s).

Section D: Declaration of Consent

I hereby give consent to FFWS to disclose personal information as described in Section C regarding my application and/or sponsorship to the above named person(s). No other person(s) will be provided this information without my further written consent. I am aware that at any time during my sponsorship with FFWS, consent may be revoked by the submission of a written and signed request.

Student's Signature

Date