



## 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 only minimal information will be given. **YOU are our main contact.** Additionally, this form will only be considered valid for 12 months from the date of signature.

### Section A: Student Information

First and Last Name

Date of Birth – YY/MM/DD

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### Section B: Release Information to

First and Last Name

Relationship

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First and Last Name

Relationship

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### 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).

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### 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.**

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Student's Signature

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Date