



RELEASE OF INFORMATION

To Whom It May Concern:

I am a sponsored student through the Mississaugas of the Credit First Nation and I am required to provide specific information to them.

Therefore, I hereby authorize your department to release all transcripts, other relative documents, including financial information, regarding my progress during the academic year.

The *Freedom of Information and Protection of Privacy Act* applies to Ontario's provincial ministries and agencies, boards and most commissions, as well as community colleges and district health councils. The *Act* requires that the government protect the privacy of an individual's persona information existing in government records. It also gives individuals the rights to request access to government information, including most general records and records containing their own personal information.

See reference site www.ipc.on.ca for more information.

STUDENT NAME _____

STUDENT I.D. # _____

PROGRAM _____

All pertinent documents to be addressed to the attention of:

Department of Lifelong Learning
Mississaugas of the Credit First Nation
2789 Mississauga Road
Hagersville, ON
NOA 1H0

Yours truly,

Student Signature

Date



Department of Lifelong Learning
Mississaugas of the Credit First Nation
659 New Credit Road, Bldg #5, Hagersville, ON



Department of Lifelong Learning
Mississaugas of the Credit First Nation
2789 Mississauga Rd, Hagersville, ON NOA 1H0



Phone: 905 768 0516

