



Department of Lifelong Learning

## 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 personal 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](http://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, Bldg #3  
R.R. #6  
Hagersville, ON  
NOA 1H0

Yours truly,

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



**Department of Lifelong Learning**  
Mississaugas of the Credit First Nation  
2789 Mississauga Road, Building #3, Hagersville, ON



Phone: 905-768-7138