

## AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION

Please print clearly.

I, \_\_\_\_\_, give my consent  
(Name of Student/Employee)

to: \_\_\_\_\_  
(Name of Learning Institution or Employer)

to release information to a Yukon Aboriginal Women's Council representative.

I am aware that this authorization is valid in perpetuity for all information regarding the program or classes or wage subsidy that are funded by the Yukon Aboriginal Women's Council.

I will inform the Registrar's Office or Employer and the Yukon Aboriginal Women's Council in writing should I decide to withdraw my consent at an earlier date.

\_\_\_\_\_  
(Signature of Student/Employee)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Student/Employee Number)

\_\_\_\_\_  
(Name of Program Enrolled)

### FREEDOM OF INFORMATION AND PROTECTION OF INDIVIDUAL PRIVACY

Under the Freedom of Information and Protection of Individual Privacy Act, you have the right to privacy of personal information held by government institutions, such as the above-mentioned institute of learning. Signature on this document authorizes the above-mentioned institute to release the personal information as described above.