



Listuguj Education, Training & Employment Directorate
Listuguj Mi'gmaq Government

CONSENT TO RELEASE INFORMATION 2018-2019

STUDENT INFORMATION			
Student Name:	Date of Birth: (month/day/year)	Student ID Number:	
SCHOOL INFORMATION			
Institution Name:			
Address:	City:	Province:	Postal Code:
School Website Address:			
Student Login Username:	Password:		
Start Date:	End Date:		
I authorize the Listuguj Education, Training & Employment Directorate (LETED) of the Listuguj Mi'gmaq Government (LMG) to;			
<ul style="list-style-type: none"> • Have access to information regarding my academic records, attendance records and any other information they may require to justify continued financial support • To use my student password to access my account at the institution's website • To release information related to my file to funding sources including Listuguj Mi'gmaq Development Centre (LMDC), the Social Assistance Department, and any provincial and federal funding agency • If necessary, I authorize the following person(s) access to information related to my file: 			
_____		_____	
Name		Relationship	
_____		_____	
Name		Relationship	

Student Signature

Date