



# **Eel River Bar First Nation Education Department**

11 Main Street, Unit 201, Eel River Bar, NB E8C 1A1

Phone: (506) 684-6271 Fax: (506) 684-6284

## **Release of Personal Information Waiver**

I, \_\_\_\_\_ give permission to \_\_\_\_\_  
(Name of Student) (Name of Post-Secondary Institution)

to release all pertinent information related to my academic performance for the  
2021-2022 academic terms

and share them with Shylah Peter-Paul Godin the Education Department  
Assistant and the Director of Education for Eel River Bar Post-Secondary  
Education Program.

\_\_\_\_\_  
(Signature of Student) Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Witness) Date: \_\_\_\_\_

