



# **Eel River Bar First Nation**

## **Education Department**

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

Phone: (506) 684-6277 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 2024-2025 academic terms
- Share them with Shylah Peter-Paul, the Education Department Assistant and the Director of Education for Eel River Bar Post-Secondary Education Program.

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

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