



# **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 2026-2027 academic terms
- Share them with Shylah Tait, 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: \_\_\_\_\_