



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: _____