



HISHKOONIKUN  
**Δ d σ b Education Authority**

430 RIVERSIDE ROAD/P.O. BOX 210  
KASHECHEWAN, ON P0L 1S0  
TEL: (705) 275-1029/4538  
FAX: (705) 275-4515

**1.13 Consent to Release of Information - Form SA4**

\_\_\_\_\_  
Surname

\_\_\_\_\_  
Given Name

\_\_\_\_\_  
Initial

\_\_\_\_\_  
Program of Study

\_\_\_\_\_  
Student #

\_\_\_\_\_  
Name of College/University/Technical Institute

**I declare my full consent to Hishkoonikun Education Authority requesting verbal or written information to confirm and verify:**

- my statement of income from my employer, governmental and private sources of income, information that is critical in assessing my level of eligibility for education assistance;
- information on my academic standing in my program of study as may be required by the Authority from time to time, such as progress reports, attendance and official transcripts from the educational institute in which I am currently enrolled for the academic year \_\_\_\_\_/\_\_\_\_\_.

All information is solely for the use of my sponsor and will be held in the strictest of confidence.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature of Sponsor

\_\_\_\_\_  
Date