



NWT Student Financial Assistance

FORM B - CONSENT FOR THE RELEASE OF INFORMATION

Use this form if you wish to have someone else access your NWT Student Financial Assistance (SFA) information on your behalf during the current academic year. Please note that this form must be completed each year.

STUDENT INFORMATION

First and Last Name

Date of Birth - YY/MM/DD

Email Address

RELEASE INFORMATION TO

First and Last Name

Relationship

INFORMATION TO BE RELEASED

Type of information you want SFA to release to this person during this current academic year:

All or Please Explain:

DECLARATION OF CONSENT

I hereby consent to the release of the information referred to above from my file by the Department of Education, Culture and Employment. No other person(s) will be given this information without my further written consent and this information will be used only as stated above.

x

Signature

Date- YY/MM/DD

SFA PID

nwtsfa@gov.nt.ca

www.nwtsfa.gov.nt.ca