

Early Childhood Education and Care / Education Assistant Office
Box 1000, 9820 120 Avenue
Fort St. John BC V1J 6K1
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Direct Fax: (250) 787-6222
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Consent for Release of Confidential Information

I hereby agree to allow:

- Campus Services/Registration/Student Services
- Early Childhood Education/Education Assistant (ECEC/EA) Staff
- Other College Staff _____
(Specify by name or position)

to release information regarding my attendance and academic progress to:

(Specify by name or position and institution if applicable)

This authorization will be valid from the date of the signature until:

- The end of the current semester
- The end of the current school year
- I complete the course/program identified _____
(Specify course/program)
- I am no longer a registered student with the College
- Other _____ (Specify date or details)

I retain the ability to withdraw this consent at any time.

Student Signature: _____ Date: _____

Student Name (Please Print): _____

Witness: _____