



# NICOLA VALLEY INSTITUTE OF TECHNOLOGY

## Information Release

I, \_\_\_\_\_, do hereby permit the Nicola Valley Institute of Technology to release information regarding my academic files to \_\_\_\_\_, upon proper identification, pertaining to (please check all that apply):

- Financial Aid
- Billing
- Disciplinary Status
- Academic Information/Grades/Attendance
- Other, Please Specify: \_\_\_\_\_

This release is in effect from:

Start Term/Year: \_\_\_\_\_

End Term/Year: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_