

Tobique Post-Secondary Education

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CONSENT & DIRECTION

To: _____ (Educational Institute)

I _____ authorize the above institute to release any pertinent information from my records that the Tobique Post-Secondary Education Department may require from time to time. This may include, but is not limited to academic and/or financial information for this academic year 2022-23.

STUDENT NUMBER _____

STUDENT MAJOR _____

STUDENT SIGNATURE _____