



# Nunatsiavut Government - PSSSP

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## Release of Information Form

### Student Information (please print clearly)

Name
Email Address

College/University Student ID Number
Phone Number(s)

I authorize \_\_\_\_\_ to provide the following  
(Name of College or University)  
information to my sponsor, the Nunatsiavut Government-PSSSP:

- Release of grades
- Release of information pertaining to my academic record and record of conduct/progress reports in my individual courses, including my program of study and student status
- Confirmation of graduation and diplomas/degrees awarded
- Confirmation of registration
- All other inquiries pertaining to my academic/student/financial record

This consent will be on-going until such written notice is given to terminate.

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

\_\_\_\_\_  
Date