



Early Childhood Education and Care / Education Assistant Office  
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## **Consent for Release of Confidential Information**

*I hereby agree to allow Northern Lights College ECEC/EA Chairs, Office Staff, & WIL Faculty to share information amongst each other regarding my admission, attendance, participation and academic progress with:*

\_\_\_\_\_

(Specify by name – Mentor/Employer of Centre)

**\*Note your grades will not be released to your mentor or employer. The purpose of the sharing as indicated above is to support student success in this cohort.**

***This authorization will be valid from the date of the signature until the end of the WIL project; December 2021.***

Students are invited to discuss any concerns with a program chair before signing this consent.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Name (Please Print):** \_\_\_\_\_

**Witness:** \_\_\_\_\_