



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: _____