



FUNDING AGENCY INFORMATION FORM

**NORTH ISLAND
COLLEGE**

STUDENT INFORMATION

Student Number _____

Name _____
Last Name First Name Middle Name or Initial

Mailing Address _____

City _____ Province _____ Postal Code _____

Telephone Home (_____) _____ Work (_____) _____ Cell (_____) _____

Release of Information

The funding agency named below has my permission to access my student records, registration and any personal information necessary for, or pertaining to, my application and enrolment at North Island College.

Permission is in effect from _____ to _____
MONTH DAY YEAR MONTH DAY YEAR

Signature _____ Date _____

COLLEGE INFORMATION (may be accessed on the website www.nic.bc.ca or contact an NIC advisor)

Intended Program and/or Courses	Term and/or Start/End Date	Estimated Fees (includes tuition, lab, and student union fees)	Estimated Books

AGENCY INFORMATION

Agency Name _____

Mailing Address (street) _____

City _____ Prov _____ Postal Code _____

Contact Name _____ Title _____

Telephone (_____) _____ Fax (_____) _____

We hereby undertake to sponsor the above named student in the above described program/course(s) for:

- Fees as estimated above or other amount \$ _____
- Books as estimated above or other amount \$ _____
- Application Fee \$ 25.00
- Assessment Fee \$ 15.00
- Additional instructions _____

Name & Title (print) _____

Signature _____ Date _____

FREEDOM OF INFORMATION/PROTECTION OF PRIVACY

I understand that this information, along with subsequent information, is collected under the authority of the College and Institute Act. This information will be protected and used in compliance with the BC Freedom of Information and Protection of Privacy Act.