

## **Funding Agency Sponsorship Agreement**

STUDENT INFORMATION	Student Number			
NameLAST NAME	FIRST NAME		MIDDLE NAME OR INITIAL	
Mailing Address			INIBBLE IN THE OF	
City	Provi	nce	Postal Co	ode
Telephone Home ()	_ Work ()		Cell ()	
Release of Information				
The funding agency named below has my permission or pertaining to, my application and enrolment at Nort		ords, registration and a	any personal inforn	nation necessary for,
Permission is in effect from	VEAD	to		VEAD
Student Signature				
COLLEGE INFORMATION (may be accessed on the	website www.nic.bc.ca or	contact an NIC adviso	or)	
Intended Program and/or Courses	Term and/or Start/End Date	(includes t	ated Fees uition, lab, and union fees)	Estimated Books
AGENCY INFORMATION				
Agency Name				
Mailing Address				
City		Prov	Postal Co	ode
Contact Name		Title		
Telephone ( ) Fax	( )	Email		
We hereby undertake to sponsor the above named st	udent in the above describ	ed program/course(s)	for:	
Fees as estimated above or other amount \$ _ Books as estimated above or other amount \$ _		Application Fee		
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.

CAMPBELL RIVER CAMPUS 1685 South Dogwood Street Campbell River, BC V9W 8C1 T (250) 923-9700 F (250) 923-9703 COMOX VALLEY CAMPUS 2300 Ryan Road Courtenay, BC V9N 8N6 T (250) 334-5000 F (250) 334-5018 PORT ALBERNI CAMPUS 3699 Roger Street Port Albemi, BC V9Y 8E3 T (250) 724-8711 F (250) 724-8700 MT. WADDINGTON CAMPUS PO Box 901/ 9300 Trustee Road Port Hardy, BC VON 2P0 T (250) 949-7912 F (250) 949-2617