

## Consent Form Graduate Retention Program

I hereby authorize my educational institution to apply on my behalf to the Ministry of Advanced Education for the Graduate Retention Program eligibility certificate to which I may become entitled under *The Graduate Retention Program Act*.

I consent to my educational institution disclosing my personal information (name, address, phone number, Social Insurance Number, date of birth, gender, post-secondary program completed, credential obtained and graduation date) to the Ministry of Advanced Education for any purpose necessary to confirm my eligibility for and to administer the Graduate Retention Program under the said act.

I consent to the Ministry of Advanced Education to collect and use personal information previously collected from me from other educational and employment programs to administer the Graduate Retention Program.

**X**

\_\_\_\_\_  
Signature of Graduate

\_\_\_\_\_  
Full Name – Please Print

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, Province

(    )  
\_\_\_\_\_  
Phone Number

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Social Insurance Number

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Day                  Month                  Year

Date of Birth

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Email

\*Original signed consent form to remain in student file at the educational institution.