



PERMISSION WAIVER FORM

Early Childhood Education - YMCA Accelerated Mentorship Program

I understand that the Early Childhood Education – YMCA Accelerated Mentorship program to which I am applying is delivered in partnership with the YMCA of Brandon, and as such, I give Assiniboine Community College permission to share the following information with the YMCA of Brandon for the purposes of admissions, employment and assessment.

- Contact information
 - Name
 - Address
 - Phone number
 - Email address
- Grades (Throughout the program)

Student #: _____
(If you have previously attended Assiniboine)

Name: _____

Program: Early Childhood Education – YMCA Accelerated Mentorship

Signature: _____

Date: _____

I understand that the information that I have provided will be used for educational purposes at Assiniboine Community College. I also understand that this consent will be valid for the duration of the program, and that I have the right to revoke this consent at any time.

This information is being collected according to the Freedom of Information and Protection of Privacy Act. If you have any other questions about the collection of this information, please contact the Registrar at 204.725.8700, ext 6029.