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I, \_\_\_\_\_ give  
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academic records and information regarding my progress in the  
\_\_\_\_\_ program to the persons,  
organizations or institutions listed below.

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Date:        /        /        Signature: \_\_\_\_\_  
              Y        M        D

Confederation College  
P.O. Box 398  
Thunder Bay, ON  
P7C 4W1

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