

*LUTHERAN CHURCH CANADA
CENTRAL DISTRICT*

3074 Portage Avenue, Winnipeg, MB R3K 0Y2

PERMISSION TO RELEASE INFORMATION

I, _____ authorize _____
(applicant's name) (institution attended)

of _____ to release to the Central District of Lutheran Church

Canada, information regarding my registration and academic standing during the
academic year for which the Repayable Award applies.

Signed _____ Date _____