



Canadian Bureau for
International Education
Bureau canadien de
l'éducation internationale

African Leaders of Tomorrow (ALT) Scholarship Program

CONSENT TO RELEASE PERSONAL AND ACADEMIC INFORMATION

Student's name (as it appears on passport): _____

Date of birth: _____

In accordance with the regulations of the ALT scholarship administered by the Canadian Bureau for International Education (CBIE), I hereby authorize CBIE to use and share with Canadian institutions any personal and academic information submitted as part of my application.

I also authorize my host institution(s) in Canada to release to CBIE any information related to my academic performance (including transcripts) and other information relevant to my scholarship.

Student's Signature

Date

MEDIA RELEASE CONSENT

In the event that a photo or video is taken of me in the context of my participation in the program or if I submit a photo, video, or testimonial to the Canadian Bureau for International Education (CBIE) of my experience in Canada, I hereby give permission for CBIE to use any of these items for promotional purposes.

I agree that these items will be the exclusive property of CBIE and that all reproduction rights are handed over to CBIE to use the material in any medium in perpetuity, including promotional material. I also agree that CBIE may use all or any part of these items and may edit them as CBIE thinks necessary, provided that such editing does not materially change the information or viewpoint I provided.

Student's Signature

Date

Additionally, I hereby give permission for CBIE to identify me by name in association with the testimonial, photograph, story, or video used.

(Please check Yes or No) YES NO