



Student Academic
Success Strategies

www.sasscanada.ca
info@sasscanada.ca

FORM A

I,(the student), who attends
..... (Educational Institution) agree to provide all the necessary login
information of my educational institution online account to Student Academic Success Strategies Inc. I
voluntarily agree to provide the username, the password and all the login updates related to my online
student account to Student Academic Success Strategies Inc. I agree that all collected data from my online
student's account by Student Academic Success Strategies Inc. is shared with my parents or legal guardians:

(Mother)

(Father)

(Other if applicable)

I agree to all of the above statements:

Signed: _____ (Student)

Date: __ / __ / ____

Signed: _____ (Parents)

Date: __ / __ / ____

Signed: _____ (Other if applicable)

Date: __ / __ / ____
