



ISKATEWIZAAGEGAN NO.39 INDEPENDENT FIRST NATION

POST SECONDARY PROGRAM

Kejick PO Box 9 ■ Shoal Lake ■ Ontario ■ P0X 1E0

Phone: (807)733-3340 or (807)733-3621 Fax: (807)733-3635

AUTHORIZATION TO RELEASE STUDENT INFORMATION

I agree to release my student information to my sponsoring agency Iskwatewizaagegan No. 39 Independent First Nation, Post-Secondary Program. This information may and will be used for academic evaluation by my sponsoring agency.

All academic transcripts and attendance records and any personal student information only will be submitted to the Post Secondary Counsellor at his/her request and shall be kept confidential.

Student: _____

Student Number: _____

Institution: _____

Program: _____

Date: _____

Signature: _____