



ISKATEWIZAAGEGAN NO.39 INDEPENDENT FIRST NATION

**POST SECONDARY PROGRAM**

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

Telephone: (807)733-3621 OR (807)733-3340 Fax: (807)733-3635

**AUTHORIZATION TO RELEASE STUDENT FILE INFORMATION**

**I agree to release my Student Application Information to the Post Secondary Counsellor. This information will be used by the Selection Committee to evaluate my application for funding.**

**All personal student application information will be submitted to the Selection Committee at their request and shall be kept confidential.**

Student: \_\_\_\_\_

Date: \_\_\_\_\_