

APPENDIX D: DOCUMENT RELEASE FORM

PSE Institution Name & Address:

Attention: Office of the Registrar

To Whom It May Concern:

As a student assisted by _____ First Nation, I hereby authorize the above named post-secondary education institution to release all transcripts, attendance records and other documents indicative of my progress to the _____ First Nation.

Student Name:

Student Number:

Program of Study:

School Year:

Please forward the above-mentioned documentation as they become available to:

_____ First Nation
[address]

Attention: [contact name]

Student signature

Date

