



LA RONGE INDIAN BAND
POST SECONDARY EDUCATION



Authorization to Deduct Student Allowance

STUDENT NAME:

DATE OF BIRTH:

INSTITUTE:

DATE:

INSTITUTE LOCATION:

COURSE OF STUDY:

This is to inform you that I _____ (Student First & Last Name) am giving

authorization to deduct _____ in equal payments for _____.

These payments are to endure full recovery of the amount of _____ owing

beginning _____ (month & year) to _____ (month &

year).

Student Signature

Date

Witness

Date

Post-Secondary Representative

Date