



## APPENDIX G

# LA RONGE INDIAN BAND POST SECONDARY EDUCATION



## *Change of Information*

STUDENT NAME:

DATE OF BIRTH:

INSTITUTE:

EFFECTIVE CHANGE DATE:

INSTITUTE LOCATION:

NAME OF CERTIFICATION / PROGRAM:

CURRENT CONTACT INFORMATION CHANGE     PROGRAM CHANGE     NAME CHANGE

Name Change: \_\_\_\_\_

NEW Address: \_\_\_\_\_

NEW Phone / Cell / Email: \_\_\_\_\_

NEW Program: \_\_\_\_\_

**Please attach supporting documentation to support these changes such as a copy of a change of name certificate and/or a copy of identification with new address and/or new program information.**

I declare that all the information provided is true and complete and I make this solemn declaration believing it to be true knowing that it is of the same force and effect as if under oath.

X

Student Signature

Date