



APPENDIX H

LA RONGE INDIAN BAND POST SECONDARY EDUCATION



Release of Information

Date: _____

Student Full Name: _____

Student Date of Birth: _____

Student ID Number: _____

TO WHOM IT MAY CONCERN;

By providing you with this RELEASE OF INFORMATION LETTER

I, _____ hereby authorize you to release any information in connection with my academic programming with your organization to the Lac La Ronge Indian Band Post Secondary Education Office.

All requested information can be sent to:

LLRIB Post Secondary Education Office

Box 399

Air Ronge Sk S0J 3G0

Fax: 306-425-3030

E-Mail: postsecondary@llribedu.ca

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