



## APPENDIX H

# LA RONGE INDIAN BAND POST SECONDARY EDUCATION



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## *Release of Information*

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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](mailto: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