



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