



DOCUMENT RELEASE FORM

PSE Institution Name & Address:

Attention: Office of the Registrar

To Whom It May Concern:

As a student assisted by Saulteau First Nations, I hereby authorize the above named post-secondary education institution to release all transcripts, attendance records and other documents indicative of my progress to the Saulteau First Nations.

Student Name:

Student Number:

Program of Study:

School Year:

Please forward the above-mentioned documentation as they become available to:

Saulteau First Nations

PO Box 1020

Chetwynd BC V0C 1J0

Attention: Audrey Norris, Director of Education

Student signature

Date