



Sagamok

Form Title: Post-Secondary School Authorization of Release

Form #: ED08

Date Approve: 04/08/05

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AUTHORIZATION OF RELEASE

TO WHOM IT MAY CONCERN:

As a student funded by the Sagamok Anishnawbek First Nation,

I _____ hereby authorize

(NAME)

_____ to

(POST – SECONDARY INSTITUTION)

release to the Sagamok Anishnawbek Education Department, at their

request final marks and academic standing indicative of my progress

during the period of _____ to

(DATE)

_____ for which I am being funded. Please

(DATE)

forward a copy of my marks to the EDUCATION DEPARTMENT at the end

of each semester.

DATE

X _____

SIGNATURE OF STUDENT

APPENDIX - D