

TLA'AMIN NATION POST-SECONDARY EDUCATION POLICY

PERMISSION TO RELEASE STUDENT INFORMATION

Student Name: _____ **Date:** _____

Institution: _____

Program: _____

Length of Program: _____

I hereby authorize the Tla'amin Nation Post-Secondary Coordinator to access my educational information for planning and monitoring purposes for the length of my program stated above.

Student (Please Print): _____

Student Signature: _____

Student ID Number: _____

Witness (Please Print): _____

Witness Signature: _____