



APPENDIX G

LA RONGE INDIAN BAND POST-SECONDARY EDUCATION



Change of Information

STUDENT NAME:

DATE OF BIRTH:

INSTITUTE:

EFFECTIVE CHANGE DATE:

INSTITUTE LOCATION:

NAME OF CERTIFICATION / PROGRAM:

CURRENT CONTACT INFORMATION CHANGE PROGRAM CHANGE NAME CHANGE

Name Change: _____

NEW Address: _____

NEW Phone / Cell / Email: _____

NEW Program: _____

Please attach supporting documentation to support these changes such as a copy of a change of name certificate and/or a copy of identification with new address and/or new program information.

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

Date