



## 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](mailto: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