

Hagwilget First Nation Government

POST-SECONDARY STUDENT SPONSORSHIP WAIVER

AUTHORIZATION FOR RELEASE OF INFORMATION
HFNG EDUCATION DIVISION
FORM HFNG_ED_1.3

I hereby authorize (school name)_____ to release information relating to all aspects of my post-secondary education, including, but not limited to: attendance, participation in required courses or program activities, and grades to designated representatives of the Education Division of Hagwilget First Nation Government.

Student's Name: _____ Birth date: _____

Program of study: _____ Year: 20__ - __

Student's signature or person authorized to sign for student: _____
(signature valid for 1 year)

Date : _____

Requested materials may be submitted to HFNG by:

Mail:

Hagwilget First Nation Government
c/o Education Division
P.O. Box 460
New Hazelton, BC V0J 1J0

FAX:

250-842-6924

e-mail:

education@hagwilget.com