



Klahoose First Nation Education Department

STUDENT AUTHORIZATION  
RELEASE OF RECORDS BY EDUCATIONAL INSTITUTION

I, \_\_\_\_\_, authorize the release of all pertinent information by the **post-secondary institution I am attending**; regarding course registration, attendance, progress and transcripts or marks to Klahoose First Nation. The Education Coordinator and the Administration will review and assess this information for continued financial assistance when deemed necessary.

Institute Attending	
Signature of Student	
Student Number	
Date	



## Klahoose First Nation Education Department

<b>Student Information</b>					
<b>First Name</b>		<b>Middle Name</b>		<b>Last (Surname)</b>	
<b>Address: Street number &amp; Street Name</b>				<b>Town, Province, Postal Code</b>	
<b>Phone #</b>			<b>Message #</b>		
<b>Email Address</b>			<b>S.I.N #</b>		
<b>Date of Birth</b>			<b>Band Number</b>		
<b>Marital Status</b>	<b>M</b>	<b>C/L</b>	<b>S</b>	<b>X</b>	<b>Spouse's Name</b>
<b>Highest grade completed</b>			<b>Year of Completion</b>		
<b>List of Dependants Names and Birthdates (not including spouse)</b>					
<b>First Name</b>		<b>Last Name</b>		<b>Birthdate (MM/DD/YYYY)</b>	
<b>Have you been previously funded by Klahoose First Nation?</b>			<b>Yes</b>	<b>Please complete form information below</b>	
			<b>No</b>		
<b>Institute Returning to:</b>				<b>Year of Program Entering into</b>	
<b>Post-Secondary Institute Attended</b>		<b>Program(s)/ Courses(s)</b>		<b># of Semesters</b>	
<b>Do you owe funds for previous incomplete program(s)/ courses(s)?</b>			<b>Yes</b>	<b>Please complete form information below</b>	
			<b>No</b>		
<b>Do you have a current repayment plan on file with Finance?</b>			<b>Yes</b>	<b>Please contact finance to arrange a repayment plan</b>	
			<b>No</b>		

