



**Saik'uz First Nation  
Education Department**

135 Joseph Street

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**Postsecondary Student Waiver Form 2025-2026**

I, \_\_\_\_\_ hereby give permission for Shawnee Everett, the Education, Training & Employment Manager of Saik'uz First Nation, to obtain the following information relevant to my enrolment with \_\_\_\_\_:

- Transcripts
- Registration
- Schedules, and
- Other pertinent information relevant to my success and progress within the \_\_\_\_\_ program at \_\_\_\_\_.

This waiver will include the **fall** semester of **2024**; the **winter** semester of **2025** and the **spring/summer** semester of **2025** if the above mentioned student plans to enrol in intersession courses.

Any information obtained will be kept confidential and will be used by Saik'uz Nation to make decisions regarding my continued sponsorship provided by the Saik'uz Post-Secondary Education program.

_____ Student Signature	_____ Date
_____ Student Name	_____ Student Number
_____ Education, Training & Employment Manager: Shawnee Everett	_____ Date