



## Saik'uz First Nation

### Education Department

135 Joseph Street

Vanderhoof, BC V0J 3A1

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## Post-Secondary Student Waiver Form 2020-2021

I, \_\_\_\_\_ hereby give permission for Jason Alexis, the Education Coordinator 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 **2020**; the **winter** semester of **2021** and the **spring/summer** semester of **2021** 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 Coordinator: Jason Alexis		Date