



Saik'uz First Nation
Education Department

135 Joseph Street

Vanderhoof, BC V0J 3A1

Phone: (250) 567-9293 Local 202 Fax: (250) 567-2998

Email: Shawnee.everett@saikuz.com

Postsecondary Student Waiver Form 2022-2023

I, _____ hereby give permission for Shawnee Everett, the Education 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 **2022**; the **winter** semester of **2023** and the **spring/summer** semester of **2023** 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 Manager: Shawnee Everett		Date