



Saik'uz First Nation

Education Department

135 Joseph Street

Vanderhoof, BC V0J 3A1

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Postsecondary Student Waiver Form 2023-2024

I, _____ hereby give permission for Faith Thomas, 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 **2019**; the **winter** semester of **2020** and the **spring/summer** semester of **2020** 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.

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|--|-------------------------|
| _____ Student Signature | _____ Date |
| _____ Student Name | _____ Student Number |
| _____ Education, Training & Employment Manager: Faith Thomas | _____ Date |