

Saik'uz First Nation Education Department 135 Joseph Street Vanderhoof, BC V0J 3A1 Phone: (250) 567-9293 Local 202 Fax:(250) 567-2998 Email: education@saikuz.com

Postsecondary Student Waiver Form 2024-2025

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