

DATE:

ENTER NAME OF POST-SECONDARY INSTITUTION

ENTER ADDRESS OF POST-SECONDARY INSTITUTION



STUDENT WAIVER

To Provide Information to Student Funder

I, _____ do hereby authorize Stsweceḿc Xgättem First Nation Education Department, to inquire about all aspects of my post-secondary education and application. This waiver will be in effect from **April** to **June** . Please provide Stsweceḿc Xgättem First Nation with the information they request.

Student Signature: _____ Date: _____

Please send the required information to:

Education Manager
Stsweceḿc Xgättem First Nation
General Delivery, Dog Creek, BC V0L 1J0
PH: 250-459-2276
Fax: 250-459-2279
Email: educationmanager@sxfn.ca