

Aundeck Omni Kaning First Nation

Consent to obtain, release and or exchange information with the Educational Institution

Date:	<u> </u>
То:	
	(College or University)
Re:	Requests regarding student information
From:	
	(Student Name and Student Identification Number)
Program of study:	
I,(Print name as per s	am an applicant for 2021/2022 AOK PSE sponsored student.
information to Aunde	ed, I hereby authorize the above named college or university to release eck Omni Kaning First Nation, as it pertains to tuition, and/or residence fees, and attendance while I attended the above college or university.
I understand this info sponsorship.	rmation will be used to confirm eligibility for and compliance with AOK PSE
Student Signature:	



Aundeck Omni Kaning First Nation

Consent to obtain, release and or exchange information with SELECTED FAMILY AND FRIENDS

Date:	
То:	Aundeck Omni Kaning (AOK)
Re:	Requests regarding student information
From:	
	(Student Name and Student Identification Number)
I,sponsored stude	am an applicant for 2021/2022 AOK Post-Secondary Education (PSE)
discuss my PSE s	applied, I hereby authorize AOK Administration and / or Education program staff to sponsorship with the following people, as it pertains to tuition, and/or residence fees, ots, student supports, and attendance.
You may discuss	me with the following:
	is information will be used to assist with providing AOK requested information, t for me, and confirm eligibility for and compliance with AOK PSE sponsorship.
Student Signatu	re:



Aundeck Omni Kaning First Nation

Consent to obtain, release and or exchange information with other AOK Programs and Services

Date:		
To:		Aundeck Omni Kaning (AOK)
Re:		Requests regarding student information
From:		
		(Student Name and Student Identification Number)
I,sponso	ored student.	am an applicant for 2021/2022 AOK Post-Secondary Education (PSE)
discuss	my PSE sponsor	, I hereby authorize AOK Administration and / or Education program staff to rship with other AOK Programs and Services as it may pertain to my eligibility ip (I.E. AOK Membership Department).
Furthe	r, if applicable, y	ou are allowed to:
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Studer	ıt Signature:	