



Interlake Tribal Division for Schools

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RELEASE OF INFORMATION FORM

Student Name: _____

Date of Birth: _____

Student Number: _____

(For returning students) _____

Name of Institution: _____

Program Name: _____

Academic Year: _____

I, _____, do hereby authorize the
(Student Name)

_____ to release all information
(Name of Institution)

pertaining to attendance, progress reports, marks, and transcripts to the Interlake Tribal Division for Schools.

Signature of Student

Signature of Parent if applicant is
under 18 years of age

Date