



OCHAPOWACE EDUCATION

P.O. Box 550, Whitewood Saskatchewan, S0G 5C0
Phone: (306) 696 3173, Fax: (306) 696 2617

Release Authorization Form

To: Office of Registrar

Name of Institute: _____

Address: _____

City, Province _____

Postal Code: _____

To Whom It May Concern:

My signature below authorizes you to release my student records to
Ochapowace Education - Post Secondary Counsellor

Program

Student Signature

Student Number

Student Name

Date