



# OCHAPOWACE NATION POST-SECONDARY EDUCATION

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## AUTHORIZATION RELEASE FORM

TO THE OFFICE OF THE REGISTRAR:

NAME OF INSTITUTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY & PROVINCE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

To Whom It May Concern:

My signature below authorizes you to release my student records to the Ochapowace Nation Post-Secondary Education.

PROGRAM NAME: \_\_\_\_\_

\_\_\_\_\_  
STUDENT NAME (Print)

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
STUDENT NUMBER

\_\_\_\_\_  
DATE

"Education is the new buffalo. Today for survival, education is the new provider."