



OCHAPOWACE NATION POST-SECONDARY EDUCATION

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AUTHORIZATION RELEASE FORM

TO THE OFFICE OF THE REGISTRAR:

NAME OF INSTITUTION: _____

ADDRESS: _____

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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