



# Wei Wai Kum First Nation

1650 Old Spit Road, Campbell River, BC, Canada V9W3E8

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TOLL FREE: 1-877-286-6949

Date: \_\_\_\_\_

## RELEASE OF INFORMATION

Personal Information			
First Name		Last Name	
Mailing Address		Institution Information	
Address		Institution	
Phone #			
City		Student #	
Province, Country		Institution	
Postal Code		Address	

I, \_\_\_\_\_ HEREBY AUTHORIZE you (the College or University)  
 \_\_\_\_\_ to release a copy of my transcripts and any information  
 in connection with my program of studies to the Education Coordinator at Wei Wai Kum First  
 Nation. Information regarding the above stated can be sent to;

Wei Wai Kum First Nation  
 1650 Old Spit Road  
 Campbell River, BC  
 V9W 3E3  
[deannasheers@weiwaikum.ca](mailto:deannasheers@weiwaikum.ca)

I also provide consent to allow the Wei Wai Kum First Nation Education Coordinator to discuss my  
 funding application and file with:

my parents and/or guardian Name: \_\_\_\_\_

Other \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_