

Wei Wai Kum First Nation

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

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Date:		

RELEASE OF INFORMATION

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irst Name	Last Name	Last Name		
Iailing Address	Institution In	Institution Information		
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in connection with my progra	to release a copy	ORIZE you (the College or University) of my transcripts and any information ion Coordinator at Wei Wai Kum First		
in connection with my progra	am of studies to the Educat	ion Coordinator at Wei Wai Kum First		
Nation. Information regardin	g the above stated can be so	ent to;		
Wei Wai Kum First Nation 1650 Old Spit Road Campbell River, BC V9W 3E3 carolynhebenton@weiwaikun	m.ca			
I also provide consent to allow funding application and file with		on Education Coordinator to discuss my		
☐ my parents and/or guardia	n Name:			
Other				
Student Signa	ture	Date		