



DOKIS FIRST NATION

EDUCATION DEPARTMENT

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Website: www.dokisfirstnation.com Email: sharon.g@dokisfirstnation.com

RELEASE OF INFORMATION

This is to authorize _____ the release of any
(Name of Education Institute)

information and transcripts of _____ to
(Name of Student and Student Number)

the Dokis First Nation Education Dept. for the purpose of Educational funding in
accordance with Governmental Regulations.

(Date)

(Student Signature)

Please date, sign and return to the Education Administrator