

Mamalilikulla First Nation

1441 B 16th Avenue, Campbell River BC V9W 2E4
(ph) 250-287-2955 (fax) 250-287-4655 toll free 1-888-287-2955
viband@telus.net

Date: _____

RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

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 either Sonia Roberts and/or Darlene Cook upon either one of them providing you with a request and copy of this Release of Information Letter. Information regarding the above stated can be sent to

**Mamalilikulla First Nation
1441 B 16th Avenue
Campbell River, BC
V9W 2E4**

Yours truly,

Student Signature

(print name)