

Hagwilget Village Council
POST-SECONDARY STUDENT SPONSORSHIP WAIVER

AUTHORIZATION FOR RELEASE OF INFORMATION
HVC EDUCATION DIVISION
FORM HVC_ED_1.3

I hereby authorize (school name) _____
to release information relating to all aspects of my post-secondary education, including, but not
limited to: attendance, participation in required courses or program activities, and grades to
designated representatives of the Education Division of Hagwilget Village Council.

Student's Name: _____ Birth date: _____

Program of study: _____ Year: 20__ - __

Student's signature or person authorized to sign for student: _____

(Signature valid for 1 year)

Date: _____

Requested materials may be submitted to HFNG by:

Mail:

Hagwilget Village Council c/o
Education Division
P.O. Box 460
New Hazelton, BC VOJ 1J0

FAX:

250-842-6924

e-mail:

education@hagwilget.com