



BRUNSWICK HOUSE FIRST NATION
Education Department
P.O. Box 1178
Chapleau, ON P0M 1K0

POST SECONDARY
EDUCATION PROGRAM

Release of Academic Information

I, _____ authorize _____
(student name) (name of college/university)

to release my academic information regarding my enrolment, attendance and academic progress to:

Brunswick House First Nation
Education Department
P.O. Box 1178
Chapleau, ON
P0M 1K0
705-864-0174 (telephone)
705-864-1960 (facsimile)

Email: bhfned.dept@hotmail.com

Student Signature

Date

School Year: _____