



# Skownan First Nation Education Program

Box 36, Skownan, Manitoba R0L 1Y0  
Tel: 204.628.3373 Toll Free: 1-877-628-3373 Fax: 204.628.3262



## CONSENT FORM

### PART A: Student Information

Date: _____	
I, _____ of _____	_____
(Full name of student)	(Permanent address)
_____	_____
Date of Birth	(City, Province, Postal, Code)
_____	_____
(Phone number)	(Student number if applicable)

### PART B: Institution Information

Do hereby authorize:
_____
(Staff member name, job title)
Of _____ to obtain from or share with:
(Institution name)

### PART C: Sponsoring Agency Information

Name: <u>Jason Gabriel</u>
Job Title: <u>Education Director</u>
Agency/Employer: <u>Skownan First Nation Education Program</u>
Contact Information: <u>Box 36, Skownan, MB R0L 1Y0   (W) 1-877-628-3373 ext. 106</u>

Any of my academic related information, including attendance, for the purposes of making decisions regarding my education plan, services and possible related funding.

I understand that I may revoke this consent at any time, and that upon receipt for a written revocation no further information will be shared

\_\_\_\_\_  
(Student/applicant signature)

\_\_\_\_\_  
(Signature of witness)

\_\_\_\_\_  
Printed name of witness