



# OKANAGAN INDIAN BAND

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## Consent to Release Form

Name \_\_\_\_\_

University/College \_\_\_\_\_

Date \_\_\_\_\_

Student ID # : \_\_\_\_\_

Contact Number \_\_\_\_\_

I, _____ give permission to my sponsoring agency, the Okanagan Indian Band (OKIB) Education Coordinator to have access to the following information.			
<input type="checkbox"/> All (All information listed)		<input type="checkbox"/> Status of application	
<input type="checkbox"/> Financial Information (tuition fees, invoices, statements)		<input type="checkbox"/> Transcript of academic record and confirmation of enrollment	
Student Signature		Date	