

2024 SUMMER SEMESTER

PROXY AUTHORIZATION FOR PERSONAL INFORMATION

I ______, authorize the Education department of the Odanak Band Council, to receive from the other services of the Band Council, schooling institution public or private, documents, copies of documents for my admissibility for financial assistance for post secondary studies

The term document, information, copy of document, refers to the following :

Report card Schedule Letter attesting that course is terminated All other pertinent document (s)

Signature

Date

DOB

Name and surname of parent (if student is a minor)

Signature of parent (if student is minor)

AUTHORIZATION TO TRANSMIT PERSONAL INFORMATION

I ______, authorize the Odanak Band Council to give my personal information, gathered with my consent to determine my admissibility for financial assistance for post secondary for other services of the Band Council, schooling institutions public or private, and this for the period covering my financial assistance.

Signature

DOB

Name and surname of parent (if student is a minor)

Signature of parent (if student is a minor)

Conseil des Abénakis d'Odanak 104, rue Sibosis, Odanak (Québec), J0G 1H0 Telephone : 1 888 568-2810 fax : (450) 568-3553

Date

Date

Date