2027 WINTER 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) Date

_____
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 Date

_____
DOB

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

_____
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