



Lyackson First Nation

7973A Chemainus Road
Chemainus BC V0R 1K5
Telephone: (250) 246-5019
Fax: (250) 246-5049

Academic Records Release Form

I, _____ do hereby give consent for
(Full Name)

(Institution Name)

to release to Lyackson First Nation upon request, copies of my registration documents, tuition invoices, academic transcripts, faculty progress reports, and attendance records.

Student Name: _____

Signature: _____

Student Number: _____

Date: _____