



Matachewan First Nation

Post Secondary Education Office

P.O. Box 160 - MATACHEWAN, ONTARIO P0K 1M0

TEL: (705) 565-2230 FAX: (705) 565-2585

TOLL FREE: 1 866-781-4189

DOCUMENT RELEASE FORM

Institute Name: _____

Address: _____

ATTN: Office of the Registrar

TO WHOM THIS MAY CONCERN:

As a student assisted by the Matachewan First Nation Post-Secondary Education Office (M.F.N.P.S.E.O.), I hereby authorize the above mentioned educational institute to release all transcripts, attendance records, and all other documents indicative of my progress to the sponsoring agency.

Student Name: _____

Student #: _____

Program: _____

Calendar Year: _____

Please forward all transcripts & other academic documentation, as they become available, to the above address.

Student's Signature

Date