

***TK’emlúps te Secwépemc*** shíshálh Kamloops Indian Band Sechelt Nation

Day Scholar Certified Class Action Release form:

Please complete this form and send it back to:

Jo-Anne Gottfriedson @200-330 Chief Alex Thomas Way Kamloops, BC V2H 1H1 or

[jo-anne.gottfriedson@kib.ca](mailto:jo-anne.gottfriedson@kib.ca) or fax : 250-372-8833

AUTHORIZATION TO RELEASE INFORMATION

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | | | | | |  | | | | Date of Birth: | | |  | | | | | | |
| Previous Name: | | | | | | |  | | | | Band Number: | | | |  | | | | | |
| Current Address:  Telephone/ Cell Number:  Name of the Executor of Estate of former student :  Residential School Attended:  Years or general dates attended:  I request and authorize | | | | | | | | | |  | | | | | | | | | | to |
| release information of the former student /day scholar named above to: | | | | | | | | | | | | | | | | | | | | |
|  | | Name: | | | |  | | | | | | | | | | | | | | |
|  | | Address: | | | | | | |  | | | | | | | | | | | |
|  | | City: | | |  | | | | | | | Province: |  | | | Postal Code: | | |  | |
| This request and authorization applies to: | | | | | | | | | | | | | | | | | | | | |
| 🞎 Education information in particular permanent school records: | | | | | | | | | | | | | | | | |  | | | |
|  |  | | | | | | | | | | | | | | | | | | | |
| 🞎 Attendance records information while attending any residential school: | | | | | | | | | | | | | | | | | | | | |
| 🞎 Other: | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Definition: I fully understand that my education information will be utilized for the benefits of the Ttes and SN Day Scholar Certified Class Action negotiation process.  I am fully aware and authorize any sensitive matters that may be released in my permanent school records.  I hereby verify that I have in good faith completed this form to the best of my knowledge and ability. | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| 🞎 Yes 🞎 No | | | | I authorize the release of my permanent school records to the Tk’emlúps te Secwepemc and Sechelt Nation Day Scholar Executive or Legal team. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| 🞎 Yes 🞎 No | | | | I authorize the release of any records regarding my education. | | | | | | | | | | | | | | | | |
| Signature: | | | | | | | |  | | | | | Date Signed: | | | | |  | | |
| Please print Name:  Witness: | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |