

 ***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 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: |
|  |