



Post-Secondary Education Program

Designated Representative Consent Form

Deliver or mail original signed form to:

Work Force Qalipu
 1 Church Street, 2nd Floor, Majestic Premises, Corner Brook, NL A2H 2Z4

Tel: (709) 634-0996

Fax: (709) 639-3997

E-mail: workforce@qalipu.ca

Website: www.qalipu.ca

This form allows Qalipu Mi'kmaq First Nation to share your post-secondary information with a representative designated by you. This could be a family member, friend, spouse or university or college official. Without this consent form, we cannot share your information with anyone other than yourself.

STUDENT INFORMATION		
Full Name:		
Status #	Social Insurance Number:	
Mailing Address:		
	Postal Code:	Telephone:
E-Mail:		Cell:
STUDENT'S DEIGNATED REPRESENTATIVE #1 (univeristy/college official, family member or friend)		
Full Name:		Relationship to Student:
Mailing Address:		
	Postal Code:	Telephone:
E-Mail:		Fax:
STUDENT'S DEIGNATED REPRESENTATIVE #2 (univeristy/college official, family member or friend)		
Full Name:		Relationship to Student:
Mailing Address:		
	Postal Code:	Telephone:
E-Mail:		Fax:
<p>By signing this form I authorize Work Force Qalipu to discuss or release information related to my Post-Secondary education support funding to the designation representatives named above. I understand that this authorization shall remain in effect until revoked by me in writing.</p>		
Signature		Date: