

BIRDTAIL SIOUX EDUCATION

POST-SECONDARY EDUCATION
SPONSORSHIP BILLING AUTHORIZATION AND
CONSENT TO RELEASE STUDENT INFORMATION



PLEASE BE ADVISED THAT THE FOLLOWING STUDENT(S) WILL BE FINANCIALLY SPONSORED

BY: **FUNDING AUTHORITY:** BIRDTAIL SIOUX EDUCATION

ADDRESS: BOX 49, BEULAH MANITOBA, R0M 0B0

CONTACT PERSON: LEAH LAZARUK, EDUCATION DIRECTOR

PHONE #: 12043301566

STUDENT INFORMATION:

STUDENT NAME (FIRST AND LAST NAME)	STUDENT NUMBER

SCHOOL YEAR: 2023/24

SESSION: (CHECK OFF THE APPLICABLE SEMESTER(S))

FALL ____ WINTER ____ SPRING ____ SUMMER ____

SPONSORSHIP INCLUDES:


***** ALL TUITION, MANDATORY FEES & TEXTBOOKS**

INSTITUTION MUST MAIL INVOICES TO: (MAILING ADDRESS DIFFERENT THAN ABOVE)

CONTACT PERSON / ATTENTION: LEAH LAZARUK, EDUCATION DIRECTOR

MAILING ADDRESS: 257 ROSEBERRY STREET, WINNIPEG MANITOBA R3J 1T3

OR EMAIL INVOICES TO: lazarukleah@hotmail.com



AUTHORIZED SIGNATURE
(TO BE SIGNED BY ED DIRECTOR)

EDUCATION DIRECTOR
TITLE

SPONSORED STUDENT WAIVER

BY SIGNING THIS FORM, THE STUDENT IS AUTHORIZING _____ (INSTITUTE NAME) TO RELEASE ANY AND ALL INFORMATION REGARDING ATTENDANCE, PROGRESS AND GRADES, COURSE CHANGES & CANCELLATIONS, CLASS SCHEDULE, BEHAVIOUR/MISCONDUCT, UNOFFICIAL TRANSCRIPT, AND FINANCIAL INFORMATION (FEES, FINES, TUITION, INVOICES, RECEIPTS, SCHOLARSHIP/BURSARY AWARDS), UPON REQUEST, BY THE EDUCATION DIRECTOR.

STUDENT SIGNATURE

DATE

(Type signature above)