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## 2022 / 2023 RELEASE OF INFORMATION WAIVER

Legal Name	First		Middle						
Maiden Name									
(if applicable)			Birthdate Month / Day / Year						
Home Address	Street Address		apt # or box #						
City		Province	Postal Code						
Mailing Address	Street Address	apt	# or box #						
City		Province	Postal Code						
Cell phone number	Hoi	me phone number	Emergency phone number						
<b>Email</b> (If accepted into YTC program, a YTC egenerated in accordance with YTC policy)	email will be								
l,	, authorize Yellowhead Tribal College to release:								
□ Unofficial Transcripts									
□ Official transcripts									
□ Course registration changes	Course registration changes/performance								
□ Program registration change	Program registration changes/performance								
References	References								
Other, please specify:	Other, please specify:								
To the following persons/organizat	iions:								
Effective from:	to::		(one year maximum)						
Signature:		<del></del>							
Date:									
Completed forms can be sent to:									
By Email: ad	lmissions@ytced.ca								
10	ellowhead Tribal College 1045 156 Street Imonton, AB, T5P 2P7								
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