



Maskwacis Cultural College  
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## Authorization for Release of Information

I, \_\_\_\_\_ hereby authorize Maskwacis Cultural College to release my grades, attendance record and other academically related information as may be requested by my funding sponsor listed below.

Name of Sponsoring Agency: \_\_\_\_\_

Person at Sponsoring Agency: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

Student Signature: X \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_