

**NUNATSIAVUT GOVERNMENT - PSSSP
RELEASE FORM**

TO WHOM IT MAY CONCERN:

I, _____, Student # _____

hereby authorize _____

(Name of School)

to release any and all information regarding my student status to my sponsor, **THE NUNATSIAVUT GOVERNMENT - PSSSP**, as well as a transcript of my marks after each completed semester. The cost of the transcripts will be covered by my sponsor as indicated in their letter to you. This authorization shall remain in effect for the duration of my program of studies.

Signature: _____
Student Name

Signature: _____
Nunatsiavut Government - PSSSP Representative