

Student Consent Form for Third Party Pick-Up

Student Service Centre
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Regina, Canada S4P 0M3
306-787-5620
1-800-597-8278
Fax: 306-787-1608

For Office Use Only
File No. <input style="width: 150px; height: 20px;" type="text"/>

Please print clearly.

Student's Post-Secondary Education No.: _____

Student's Full Name (please print): _____

I, _____, hereby consent to
(Name of student)

have _____
(Name of person given consent)

pick up documentation from the Ministry of Advanced Education on my behalf.

X _____
Student signature

Signed and dated this _____ day of _____, 20_____