

Student Financial Assistance

4635 Wascana Parkway Box 650 Regina SK S4P 3A3 (306) 787-0923 1-800-597-8278

Signing Authority - Provincial Training Allowance

	School Name
	Location
	Date
The following person(s) has (have Training Allowance applications a	e) signing authority for the above school for Provincial and/or associated forms:
1	
Name	Title
Mailing Address	
Telephone Number	Email Address
XSignature	e Specimen
2	Title
Name	Title
Mailing Address	
Telephone Number	Email Address
	e Specimen
Please <u>delete the following name(</u>	s) from the Signing Authority dated 20 :
1	2
Approved by:	
Signature of Principal	
Name of Principal	
Address/Location of School	School seal or stamp must be placed in space above

Return this completed form to Student Financial Assistance Branch at the above address and retain a copy for your records. IF ANY CHANGES TO THE ABOVE INFORMATION OCCUR, PLEASE FORWARD A REVISED FORM IMMEDIATELY TO THE ABOVE ADDRESS.