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FNESC ONLINE PROGRAM ACCESS APPLICATION

I hereby authorize, on _____ (date) the following Band and/or School representative to access the FNESC website at <http://programs.fnesc.ca> to enter the information required for the 2011-2012 Skills Link Program on behalf of our Band and/or School:

Identification:

Band/School Name: _____

Address: _____

Authorized Band/School representative Family Name: _____

Authorized Band/School representative Given Name: _____

Authorized Band/School representative E-mail address: _____

FNESC will e-mail the login information (username and password) to the authorized Band representative's e-mail address.

NOTE:

If you wish to change your authorized Band/School representative during a program cycle, this can be done by completion and submission of another FNESC Online Program Access Application form. Upon receipt of the new form, the FNESC will cancel the existing user and replace with your newly appointed Band/School representative.

Authorized by:

(Print Name)

(Signature)

(Title and Position)

You can send this form by email to programs@fnesc.ca, or by fax: (604) 925-6097, or by mail to the above-stated address.