



Office of the Registrar
 2300 Ryan Road
 Courtenay BC V9N 8N6
 T: 1-800-715-0914 E: forms@nic.bc.ca

INDIGENOUS ANCESTRY DECLARATION

Student's FULL name and address (print clearly)			NIC STUDENT NUMBER	
NAME			FORMER NAME (If Applicable)	
ADDRESS			BIRTH DATE (MMM-DD-YYY)	
CITY	PROVINCE	COUNTRY		POSTAL CODE
PHONE NUMBER		E-MAIL ADDRESS		

NORTH ISLAND COLLEGE PROGRAM:

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Voluntary Disclosure:

Do you identify yourself as an Indigenous person? Yes No

If yes, are you: First Nations Metis Inuit

I understand that this information, along with subsequent information, is collected under the authority of the College and Institute Act. This information will be protected and used in compliance with the BC Freedom of Information and Protection of Privacy Act for the purpose of admission, registration, research, and other purposes consistent with the mandate of the institution.

Student Signature

Date (mmm-dd-yyyy)

FOR OFFICE USE ONLY

Date Received: _____

Advisor Signature: _____

Date Entered: _____

RA Signature: _____

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