

TRIBAL VERIFICATION FORM

Release of Information

Students who are Enrolled or Descendants of a Federally Recognized Tribe must complete this form.

Student Name _____ Date of Birth _____
Place of Birth _____ Social Security # _____
City _____ State _____ Enrolled _____ Descendant* _____
Name of Tribe _____ Tribe _____
Location of Tribe _____ (ie: Sioux, Assiniboine)
City _____ State _____

IF YOU ARE NOT ENROLLED, BUT YOUR PARENT/GRANDPARENT IS, COMPLETE THIS SECTION

Mother's Name _____ Maiden Name _____
Enrolled _____ 1st Descendant _____ Tribal Affiliation _____ Enrollment # _____
Father's Name _____
Enrolled _____ 1st Descendant _____ Tribal Affiliation _____ Enrollment # _____
Grandmother's Name _____ Maiden Name _____
Enrolled _____ 1st Descendant _____ Tribal Affiliation _____ Enrollment # _____
Grandfather's Name _____
Enrolled _____ 1st Descendant _____ Tribal Affiliation _____ Enrollment # _____

I hereby authorize the Tribal Enrollment Office to release my tribal blood certification to the Fort Peck Community College, for the purpose of college enrollment only. I understand the information is confidential and the above organization will use it only for the stated purpose.

Student Signature **Date**

TO BE COMPLETED BY ENROLLMENT OFFICE (or attach CIB)

I certify that the above named person is a member/descendent of this tribe as:

Full Enrolled 1st Descendant 2nd Descendant
Enrollment Number _____ Blood Degree _____

Official Signature Agency Name

Date Address

City/State/Zip