

CERTIFICATE DEGREE OF INDIAN BLOOD

AUTHORIZATION/RELEASE FORM

I give permission for the Tribal Scholarship staff to pickup a copy of:

CHECK ONE

Certificate Degree of Indian Blood for myself

FULL NAME (INCLUDING MAIDEN NAME, IF APPLICABLE)

DATE OF BIRTH

Certificate Degree of Indian Blood of my child

FULL NAME

DATE OF BIRTH

Certificate Degree of Indian Blood of the child under my guardianship

FULL NAME

DATE OF BIRTH

DATE SIGNED

SIGNATURE