



<b>For Office Use Only</b> Date Entered: _____ Initials: _____
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**TRIBAL CERTIFICATION RELEASE** (rev. 08/14/08, KAF)

**PLEASE PRINT**  
**TO BE COMPLETED BY THE STUDENT**

Enrolled Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Name of Tribe \_\_\_\_\_ Enrolled \_\_\_\_\_ Descendant \_\_\_\_\_  
 Reservation Location or Agency \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Place of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Mother's Maiden Name \_\_\_\_\_  
 Mother's Tribe \_\_\_\_\_ Mother's Date of Birth \_\_\_\_\_  
 Grandmother's Name \_\_\_\_\_  
 Grandmother's Tribe \_\_\_\_\_ Grandmother's Date of Birth \_\_\_\_\_  
 Father's Name \_\_\_\_\_  
 Father's Tribe \_\_\_\_\_ Father's Date of Birth \_\_\_\_\_  
 Grandfather's Name \_\_\_\_\_  
 Grandfather's Tribe \_\_\_\_\_ Grandfather's Date of Birth \_\_\_\_\_

**I HEREBY GRANT PERMISSION TO RELEASE TRIBAL CERTIFICATION TO:  
 SALISH KOOTENAI COLLEGE  
 ENROLLMENT SERVICES DEPARTMENT  
 P.O. BOX 70  
 PABLO, MT 59855**

Date \_\_\_\_\_ Signature \_\_\_\_\_  
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**TO BE COMPLETED BY TRIBAL ENROLLMENT OFFICER:**

I certify that \_\_\_\_\_ is an  
 \_\_\_\_\_ Enrolled \_\_\_\_\_ 1<sup>st</sup> Descendent \_\_\_\_\_ 2<sup>nd</sup> Descendent  
 of the \_\_\_\_\_ Tribe.  
 Enrollment Number \_\_\_\_\_ Blood Degree \_\_\_\_\_  
 Eligible for BIA Services \_\_\_\_\_ Ineligible for BIA Services \_\_\_\_\_

Agency Name \_\_\_\_\_  
 Agency Address \_\_\_\_\_  
 \_\_\_\_\_

Certifying Official Signature \_\_\_\_\_