

Little Priest Tribal College

Release of Certification of Indian Blood

Please send an official copy of my certification to:

Little Priest Tribal College
Admissions
P. O. Box 270
Winnebago, NE 68071

Student's Name (Maiden Name) and Address

Name and Address of Enrollment Office

Date of Birth: _____

SSN: _____

Enrollment Number: _____

Other Name(s) you might be enrolled under: _____

Father's Name: _____

Mother's Maiden Name: _____

Tribe: _____

Tribe: _____

My signature below authorizes the BIA or Tribal Enrollment Office to release a copy of my Certification of Indian Blood to Little Priest Tribal College

Signature of Student

Date

Please send to:

Little Priest Tribal College
Attn: Admissions and Records
P. O. Box 270
Winnebago, NE 68071