



College of Menominee Nation Demographic Verification Form

SECTION I Personal Information-Answer 1-7

| | | | |
|---------------------------------|-------------------------------------|---|-----------------|
| 1. Current Legal Name _____ | | | |
| Last Name | First Name | Middle Name | |
| 2. Previous Name _____ | | | |
| Last Name | First Name | Middle Name | |
| 3. Date of Birth ____/____/____ | 4. Social Security # ____-____-____ | 5. Gender <input type="checkbox"/> M <input type="checkbox"/> F | |
| 6. _____ | | 7. _____ | |
| Mailing Address | City/State | Zip Code | Home/Cell Phone |

If you are **not** claiming an American Indian status, please complete **SECTION II** and send form to CMN Admissions Office.

SECTION II Check one or more of the following ethnicities and return form to CMN Admissions Office.

| | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other |

If you **are** claiming an American Indian status, please complete **SECTION III** and send form to your Tribal Enrollment Office for verification.

SECTION III Check one of the following American Indian statuses and return form to Enrollment Office.

| |
|--|
| <input type="checkbox"/> I am an enrolled member of a Federally Recognized Tribe Tribal Affiliation _____ Enrollment Number _____ |
| <input type="checkbox"/> I am a First Descendent of a Federally Recognized Tribe Tribal Affiliation _____ Enrollment Number _____ |
| <input type="checkbox"/> I am a descendent, other than a First Descendent, of a Federally Recognized Tribe Tribal Affiliation _____ Enrollment Number _____ |

I hereby authorize the Tribal Enrollment Office to release to the College of Menominee Nation, tribal enrollment certification and tribal descendant information as requested. I understand the information is confidential and will be used solely for college enrollment purposes.

Signature Date

SECTION IV Certifying Tribal Enrollment Official must complete and return form to address below.

| | | | |
|--|---|---|--|
| I hereby certify that the above named applicant is _____ degree of _____ | | | |
| <input type="checkbox"/> Enrollment | <input type="checkbox"/> First Descendant | <input type="checkbox"/> Other Descendant | <input type="checkbox"/> Unable to certify |
| _____ | | _____ | |
| Signature of Certifying Official | | Date | |

RETURN FORM TO
 College of Menominee Nation
 Admissions Office
 P.O. Box 1179, Keshena, WI 54135
 800.567.2344 FAX 715.799.4392

| | |
|----------------------------|-----------------------|
| For Office Use Only | |
| Date: _____ | Staff Initials: _____ |
| Student ID Number: _____ | |