College of Menominee Nation
Native American Verification Form

Date: _____

Release of Information

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

I, _____, hereby authorize the Tribal Enrollment Office to release a tribal blood certification to the College of Menominee Nation, for the purposes of college enrollment only. I understand the information is confidential and the above organization will use it only for the stated purpose.

Applicant's Name_____ _____
First Middle Last Former Name Signature

Date of Birth_____ **Social Security** _____

Enrolled: _____ 1st Descendant _____ Tribal Affiliation: _____

Mother's Name_____
First Middle Last Former Name

Enrolled: _____ 1st Descendant _____ Tribal Affiliation: _____ Enrollment #: _____

Father's Name_____
First Middle Last

Enrolled: ____ 1st Descendant _____ Tribal Affiliation: _____ Enrollment #: _____

Please provide your current address to update your records and please forward form to your **Tribal Enrollment Department** for enrollment verification**.**

Address: _____City/State/Zip_____

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THIS SECTION IS TO BE COMPLETED BY A TRIBAL CERTIFYING OFFICIAL:

I hereby certify that the above named applicant is_____degree_____
Indian blood according to available records. **Name of Tribe**

Enrollment #_____1st Descendant #: _____

_____ _____
Signature of Certifying Official **Date**

Return To:

College of Menominee Nation
Office of Admissions
PO Box 1179, Keshena, WI 54135
800.567.2344 FAX 715.799.4392