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 □ M □ F

6. __________________________________________ 7. __________ - __________ - __________
   Mailing Address                  City/State                  Zip Code                  Home/Cell Phone

SECTION II Check one or more of the following statuses. **If you are claiming American Indian or Alaska Native status, please complete section III.** If you are not claiming the above status, please return form to CMN Admissions Office.

- □ Asian
- □ American Indian or Alaska Native
- □ Black/African American
- □ Caucasian
- □ Hispanic or Latino of any race
- □ Native Hawaiian or Other Pacific Islander
- □ Two or more races

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 submit form to Enrollment Office.

- □ I am an enrolled member of a Federally Recognized Tribe
  Tribal Affiliation ____________________________________________

- □ I am a First Descendent of a Federally Recognized Tribe
  Tribal Affiliation ____________________________________________

- □ I am a descendant, other than a First Descendent, of a Federally Recognized Tribe
  Tribal Affiliation ____________________________________________

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 ____________________

   □ Enrolled
   □ First Descendant
   □ Other Descendant
   □ Unable to certify

Enrollment Number: ____________________________________________

________________________________________________________                  _________________________
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: ____________________

Revised 11/22/10