



# Stone Child College

8294 Upper Box Elder Road  
Box Elder, MT 59521  
(406) 395-4875

## TRIBAL CERTIFICATION RELEASE

PLEASE PRINT

TO BE COMPLETED BY THE STUDENT

Enrolled Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Agency \_\_\_\_\_ Enroll # or Census # \_\_\_\_\_

Agency Location \_\_\_\_\_  
City State

Place of Birth \_\_\_\_\_ SS# \_\_\_\_\_  
City State

Mother's Maiden Name \_\_\_\_\_

Mother's Tribe \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Tribe \_\_\_\_\_

I HEREBY GRANT PERMISSION TO RELEASE TRIBAL CERTIFICATION TO:

Stone Child College  
Admission/Registrar /Tribal Education  
8294 Upper Box Elder Road  
Box Elder, MT 59521

Date \_\_\_\_\_

Signature \_\_\_\_\_

TO BE COMPLETED BY TRIBAL ENROLLMENT OFFICER

I certify that \_\_\_\_\_ is an enrolled member of the

Enrollment Number \_\_\_\_\_ Blood Degree \_\_\_\_\_

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

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

Certifying Official's Signature \_\_\_\_\_

Date \_\_\_\_\_