



49 University Road, Cloquet, MN 55720

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Certificate of Indian Blood Request Consent for Release of Confidential Tribal Membership Information

To Office of Tribal Enrollment:

I, _____ Authorize _____
(Parent/Guardian Name-Please Print) (Tribal Agency)

To disclose the following information regarding identified student to the Fond du Lac Ojibwe School on a Certificate of Indian Blood form or letter. Please include: Student's Full Name, Date of Birth, Name of Tribal Agency Where Enrolled, Tribal Enrollment Number, Blood Quantum, or if student is not Enrolled with your agency.

Student's Name: _____ D.O.B. _____

NATURE OF INFORMATION: To count student for our School's Tribal/ Bureau ISEP Count.
I understand that these records are protected under the appropriate Privacy Laws and cannot be disclosed to any other party without my written consent.

Parent/Guardian Signature: _____ Date: _____