



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. If student is a descendant, please include enrolled parent(s)/grandparent(s) CIB, or a Letter of Descendance.

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: _____