

**FOND DU LAC OJIBWE SCHOOL
CERTIFICATE OF INDIAN BLOOD
FORM REQUEST**

TO: Office of Tribal Enrollment

Consent for Release of Confidential Tribal Membership Information

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

I, _____ Authorize _____

(Parent/Guardian Name-Please Print)

(Tribal Agency)

To disclose to the Fond du Lac Ojibwe School the following information pertaining to student on a Certificate of Indian Blood Form/ Letter: 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.

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:** _____

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