

# CERTIFICATE DEGREE OF INDIAN BLOOD

## AUTHORIZATION/RELEASE FORM

I give permission for the Tribal Scholarship staff to pickup a copy of:

### CHECK ONE

☐ Certificate Degree of Indian Blood for myself

\_\_\_\_\_  
FULL NAME (INCLUDING MAIDEN NAME, IF APPLICABLE)

\_\_\_\_\_  
DATE OF BIRTH

☐ Certificate Degree of Indian Blood of my child

\_\_\_\_\_  
FULL NAME

\_\_\_\_\_  
DATE OF BIRTH

☐ Certificate Degree of Indian Blood of the child under my guardianship

\_\_\_\_\_  
FULL NAME

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
SIGNATURE