

**MISSISSIPPI BAND OF CHOCTAW INDIANS
TRIBAL SCHOLARSHIP PROGRAM**

T R A N S C R I P T R E L E A S E F O R M

I, _____, authorize the release of my
official college transcript to:

**Mississippi Band of Choctaw Indians
Tribal Scholarship Program
P. O. Box 6085, Choctaw Branch
Choctaw, MS 39350**

(Print Name)

(Signature)

(Social Security Number)