

**SITTING BULL COLLEGE
RELEASE OF
TRIBAL ENROLLMENT VERIFICATION**

Dear Tribal Enrollment Office:

Please send a copy of my certificate of Indian blood with blood quantum to:

Sitting Bull College
Office of Admissions
9299 Hwy 24
Fort Yates ND 58538

Last Name: _____ First Name: _____ MI: _____

Other names used: _____

Date of Birth: _____

Address: _____

Daytime phone number: _____

Agency enrolled at: _____

City/State/Zip Code of Agency: _____

Father's
Name: _____

Mother's
Name: _____

Signature: _____ Date: _____