



Personal Information

Name: _____

Birthdate: _____

Identity: Male Female Other

Social Security Number: _____

Email: _____

Phone: _____

Cell: _____

Address: _____

CEU and SKC Background

Have you ever attended SKC as a student? Yes No

Have you ever received CEUs from SKC? Yes No

Course Information

Course Title: _____

Course Date: _____

Demographic Information

African American Canadian/Alaska Native

American Indian Caucasian

Asian/Pacific Islander Hispanic

Other

Tribal Certification and Release

Enrolled Name: _____

Name of Tribe: _____

Tribal ID Number: _____

Proof of Tribal Enrollment

Reservation or Tribal Agency Location:
 City _____ State _____

Place of Birth:
 City _____ State _____

Mother: _____ Date of Birth _____

 Maiden Name _____ Tribe _____

Father: _____ Date of Birth _____

 Name _____ Tribe _____

Grandmother: _____ Date of Birth _____

 Maiden Name _____ Tribe _____

Grandfather: _____ Date of Birth _____

 Name _____ Tribe _____

I hereby grant permission to release Tribal Certification to:
 Salish Kootenai College Enrollment Services Department
 PO Box 70 Pablo, MT 59855

 Date: _____ Signature: _____

To be completed by Tribal Enrollment Officer:

I certify that _____ is a(an) _____
 Enrolled Member 1st Descendent 2nd Descendent
 of the _____ tribe. _____
 Agency Name _____
 Enrollment Number _____
 Agency Address _____
 Blood Degree _____
 Eligible for BIA Services Ineligible for BIA Services

 Certifying Officer Signature

To be completed by SKC Personnel:

CEU Hours: _____ CEU Count: _____