



# Leech Lake Tribal College Tribal Enrollment Verification Request

## *Student Personal Information*

Social Security #

Last-Maiden, First, MI		Date of Birth:
Mother's Maiden Name	Mother's Tribal Enrollment	
Father's Name	Father's Tribal Enrollment	

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Please list full name of Tribe:

Tribal Name	City	State

The student listed above has applied for admission to Leech Lake Tribal College. By signing this form the student has indicated membership within your Tribal organization. This is a request to verify tribal enrollment. Please send this completed form to:

Leech Lake Tribal College  
Registrar  
PO Box 180  
Cass Lake, MN 56633

Please call (218) 335-4222 if there are any questions.

## *Tribal Organizational Use Only*

I certify/have verified that the student named above is an enrolled member of the (print or stamp name and address):

Blood Quantum	Enrollment Number
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\_\_\_\_\_  
Tribal Official Signature

\_\_\_\_\_  
Date