

RELEASE FORM

I _____ GIVE MY PERMISSION
(Print Name)

FOR MY PARENTS/GRANDPARENTS _____ TO ACCESS
INFORMATION FROM MY TRIBAL EDUCATION STUDENT FILES.

SIGNED _____ DATE: _____
(Signature)

RELEASE FORM

I _____ GIVE MY PERMISSION
(PRINT NAME)

FOR MY PARENTS/GRANDPARENTS _____ TO ACCESS
INFORMATION FROM MY TRIBAL EDUCATION STUDENT FILES.

SIGNED _____ DATE _____
(Signature)

RELEASE FORM

I _____ GIVE MY PERMISSION
(Signature)

FOR INFORMATION TO BE RELEASED TO THE NORTHERN CHEYENNE TRIBAL EDUCATION
DEPARTMENT AT LAME DEER, MT.