

STONE CHILD COLLEGE

Chippewa Cree Self-Governance Programs
8294 Upper Box Elder Road
Box Elder, MT 59521

Higher Education Program / Adult Vocational Training
www.stonechild.edu

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AUTHORIZATION TO RELEASE INFORMATION

I, _____, authorize release of any and all information requested by the Chippewa Cree Tribe/Stone Child College Higher Education Scholarship Program. The information may be written and/or verbal and must include, but, is not limited to my academic performance, financial aid, income, personal information (such as, address, telephone number). I understand the Higher Education Scholarship Program will maintain the confidentiality of such information.

(Signature)

(Date)

(Address)

(Telephone Number)

(City)

(State)

(Zip Code)

(Social Security Number)