Turtle Mountain Community College

Telephone (701)-477-7862

Request for Official Copy of Certificate of Indian Blood

	Name of Age	ncy or Tribe Enrolled			
Please send an official c	opy of Certificate	of Indian Blood to:			
	TMCC/Of	i LaFontaine fice of Admissions DBOX 340 urt, ND 58316			
Name:					
First Name MI		Last Mai		aiden	
Social Security Number:		Birth Date:			
Student Mailing Addres	ss:				
Address		City	State	Zip	
Student Signature				Date	

NOTE: If there is a charge, please bill me at the above Student Mailing Address.