



## **Higher Education Coordinating Commission**

Office of Student Access and Completion 3225 25th Street SE Salem, Oregon 97302 www.oregon.gov/HigherEd

Please sign and submit this form to your tribe's Enrollment Officials.

## **Release Authorization:**

"By signing this form, I authorize my tribal office to release my tribal enrollment information to the Higher Education Coordinating Commission (HECC) and the Office of Student Access and Completion (OSAC) for the purposes of determining eligibility for the Oregon Tribal Student Grant. The HECC and the OSAC will only share membership verification status information with eligible Oregon colleges or universities for the purpose of determining eligibility and awarding for the Oregon Tribal Student Grant.

First Name:	MI: Last Name:
Former Name(s):	
Signature:	Date:
	TRIBAL ENROLLMENT VERIFICATION
	To be completed by tribe's office of enrollment
office of the Higher Education	oplying for the Oregon Tribal Student Grant from the Office of Student Access and Completion, an Coordinating Commission. OSAC is requesting verification of tribal enrollment from your office. 2 weeks of receiving it from the student. OSAC reserves the right to validate all enrollments.
Name of Tribe:	
Name of Tribe:  Is this applicant an enrolled	member of the tribe? Yes $\square$ No $\square$
is this applicant an enrolled	member of the tribe? Yes $\square$ No $\square$ antum or CDIB or roll numbers. We only need verification of enrollment.
*Please <b>do not</b> supply blood q	member of the tribe? Yes □ No□
*Please <b>do not</b> supply blood q	member of the tribe? Yes 🗀 No🗀 antum or CDIB or roll numbers. <u>We only need verification of enrollment</u> . please print):
*Please do not supply blood of Enrollment Officer's Name	member of the tribe? Yes in Noin antum or CDIB or roll numbers. <u>We only need verification of enrollment</u> .
*Please do not supply blood of Enrollment Officer's Name  Address:	member of the tribe? Yes \( \subseteq \text{NO} \)  antum or CDIB or roll numbers. We only need verification of enrollment.  please print):
*Please do not supply blood of Enrollment Officer's Name  Address:  City/State/Zip:	member of the tribe? Yes \( \sum \text{NO} \)  antum or CDIB or roll numbers. We only need verification of enrollment.  please print):  Title:
*Please do not supply blood of Enrollment Officer's Name  Address:  City/State/Zip:  Office Phone: ( )	member of the tribe? Yes 🗆 No 🗆  antum or CDIB or roll numbers. We only need verification of enrollment.  please print):  Title: Date:

Completed forms can be submitted to OSAC by the tribal enrollment verification official:

- Email as an attachment to PublicPrograms@hecc.oregon.gov
- Mail to the Office of Student Access and Completion, 3225 25th Street SE, Salem, OR 97302