



PONCA TRIBE OF NEBRASKA
Department of Education
NEWSLETTER RELEASE FORM

PERSONAL			
NAME:			
ADDRESS:		PHONE:	
CITY:	STATE:	ZIP:	
SS#:	TRIBAL ID#:		
DATE OF BIRTH:	MONTH:	DAY:	YEAR:
MARITAL STATUS	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED
EDUCATION			
HIGH SCHOOL/COLLEGE:			
LOCATION OF HIGH SCHOOL/COLLEGE (CITY/STATE):			
DEGREE/COURSE OF STUDY:			GPA (optional):
DATE OF GRADUATION:			
HIGH SCHOOL/COLLEGE ACTIVITIES/AWARDS/OTHER:			
EMPLOYMENT (office use only)			
PLEASE CHECK ONE:			
I AM IN THE PROCESS OF FURTHERING MY EDUCATION.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
I AM CURRENTLY NOT EMPLOYED.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
I AM CURRENTLY EMPLOYED BUT NOT IN MY CHOSEN FIELD.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
I HAVE OBTAINED EMPLOYMENT IN MY CHOSEN FIELD.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
FAMILY INFORMATION (optional)			
PARENTS/GUARDIAN:			
GRANDPARENTS:			
SPOUSE AND/OR CHILDREN:			
OTHER:			

PLEASE CHECK ONE OF THE FOLLOWING:

- I HEREBY GIVE MY PERMISSION TO BE RECOGNIZED IN THE TRIBAL NEWSLETTER.
- I HEREBY GIVE PERMISSION FOR MY SON/DAUGHTER TO BE RECOGNIZED IN THE TRIBAL NEWSLETTER (IF STUDENT IS CONSIDERED A MINOR, PARENTAL APPROVAL IS NECESSARY.)

SIGNATURE

DATE