



# Kiowa Tribe

## HIGHER EDUCATION DEPARTMENT

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### VERIFICATION OF SCHOOL ENROLLMENT FORM

**STUDENT APPLICANT:** \_\_\_\_\_  
(PLEASE PRINT)                      LAST NAME                                      FIRST NAME                                      DATE OF BIRTH

**PARENT (IF STUDENT IS UNDER 18):** \_\_\_\_\_  
(PLEASE PRINT)                                      LAST NAME                                      FIRST NAME

**PLEASE READ CAREFULLY:**

THIS FORM MUST BE COMPLETED BY A SCHOOL COUNSELOR OR ADMINISTRATOR. VERIFICATION FORMS FROM EDUCATIONAL INSTITUTIONS ARE ALSO ACCEPTABLE. A VERIFICATION OF ENROLLMENT FORM MUST BE ON FILE FOR EACH STUDENT BEFORE FINANCIAL ASSISTANCE CAN BE PROCESSED.

**AUTHORIZATION FOR RELEASE OF INFORMATION: MY SIGNATURE INDICATES I AUTHORIZE THE RELEASE OF THIS INFORMATION TO THE KIOWA HIGHER EDUCATION DEPARTMENT.**

**\*IMPORTANT:** I UNDERSTAND THAT RECEIPTS FROM PURCHASES MUST BE TURNED IN/MAILED TO ADDRESS ABOVE TO BE ELIGIBLE FOR SERVICES NEXT YEAR.

APPLICANT/PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**DEAR SCHOOL OFFICIAL: PLEASE VERIFY WHETHER THE ABOVE-NAMED STUDENT IS ENROLLED AS A STUDENT THIS UPCOMING SCHOOL YEAR.**

I VERIFY THE ABOVE NAMED STUDENT, \_\_\_\_\_

IS ENROLLED FOR THE UPCOMING 2019-2020 ACADEMIC YEAR AT THIS INSTITUTION, THE NAME OF WHICH IS:

\_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF SCHOOL COUNSELOR/ ADMINISTRATOR)

\_\_\_\_\_  
(DATE)

**FOR OFFICE USE ONLY:**

GIFT CARD NUMBER: \_\_\_\_\_

\_\_\_\_\_  
KIOWA TRIBE STAFF MEMBER SIGNATURE

\_\_\_\_\_  
DATE