



Fond du Lac Reservation Scholarship Program

RELEASE OF INFORMATION

Student Name: _____

Last 4 digits of Social Security: _____

Current Student I.D. Number: _____

School currently attending/name and address: _____

Previous post secondary schools attend with dates:

I hereby give permission to the college, university, technical or private career school(s) to release all enrollment status. This includes areas of Admissions, Financial Aid, Academic Progress and any other related information to the:

Fond du Lac Scholarship Program
F.d.L. Tribal Center
1720 Big Lake Rd.
Cloquet, MN 55720
Fax 218-878-7529

Attach this to your FdL Scholarship application and return to our office. We will forward it to the appropriate school(s).

Student Signature

Date