



The Confederated Tribes of the Colville Reservation

Higher Education Department
P.O. Box 150, Nespelem, WA 99155

(509) 634-2779 phone
(509) 634-2790 fax

Dear

The Colville Tribe supports the efforts of post-secondary students. They wish to honor each graduate with a gift.

If you graduate with a certificate or degree, I would appreciate your cooperation in completing the following information. Your name will not be released unless you give us permission on this form.

Name (please print or type): _____

PO Box or street address: _____

City, State, Zip code: _____

Telephone number: _____

School: _____ Degree: _____

Major: _____ Minor: _____

Expected graduation date: _____

Academic Advisor's Name (print or type): _____

Academic Advisor Signature: _____

OR

Official College Transcript with Degree Received

I authorize the release of my name in helping me find appropriate employment.

Yes _____ No _____

Date: _____ Signature: _____

This list of graduates will be used in the Annual Higher Education Report. Thank you for your time and effort in this matter.

Pc: Chrono
Student file
Student recognition file

graduate gift form 03/2017



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Dear Graduate:

This form is provided for your use. If you are unable to pick up your graduation gift you can authorize another person to pick it up. Please complete this form and return the original.

I give the bearer of this form _____
Please print name

permission to pick up my gift from the Colville Tribe in the Higher Education Department.

Contact telephone number: _____

Please print your name

Your Signature and Date

Please call the Office Assistant at (509) 634-2779 to arrange a time to pick up your gift.