



**CANKDESKA CIKANA  
COMMUNITY COLLEGE**

*Spirit Lake Tribe*

# TRIBAL ENROLLMENT REQUEST

Dear Enrollment Clerk:

I would like a copy of my Enrollment Certificate. (Blood Quantum, Enrollment Number). Individual requesting certificate

\_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

\_\_\_\_\_  
ADDRESS PHONE NUMBER

TRIBE WHERE ENROLLED: \_\_\_\_\_ Social Security Number  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

SEND CERTIFICATE TO:

Cankdeska Cikana Community College  
Admission Office  
PO Box 269  
Fort Totten, ND 58335  
or FAX (701) 766 1344  
Thank You!

05/26/20

\_\_\_\_\_  
SIGNATURE OF INDIVIDUAL