



**THE NAVAJO NATION**  
**DEPARTMENT FOR SELF RELIANCE**  
**DIVISION OF SOCIAL SERVICES**

**Minor Child School Verification**

School Address:

TO SCHOOL ADMINISTRATION: The Navajo Nation Department for Self Reliance (NNSDR) Customer, whose name appears below, request the release of the following information on their child(ren)'s school attendance, to the NNSDR. The information you provide will be used to complete their NNSDR assistance application. Please complete the form and return this form within ten (10) days from the date below to the NNSDR Office listed below.

NNSDR STAFF	NNSDR OFFICE ADDRESS	TELEPHONE NUMBER
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**AUTHORIZATION TO RELEASE INFORMATION**

**I hereby authorize and consent to the release of information requested on this form to the NN Department for Self Reliance. I understand the information will be kept confidential and will only be used for the purpose of determining our eligibility for NNSDR assistance.**

NAME OF PARENT/CARETAKER RELATIVE <i>(Last, First, M.I.)</i>	SIGNATURE OF PARENT/CARETAKER RELATIVE	DATE
ADDRESS <i>(No., Street, Space or Apartment No., City, State, ZIP)</i>		

NAME OF CHILD(REN) <i>(Last, First, MI)</i>	DOB	ENROLLED IN SCHOOL?				Grade/GPA			
		If Yes, P= Part-time F=Full-time	Date Enrolled	Grade Level	If No, Date Withdrawn	1 <sup>st</sup> Qtr.	2 <sup>nd</sup> Qtr.	3 <sup>rd</sup> Qtr.	4 <sup>th</sup> Qtr.

1. Is the name of the parent/caretaker relative on the school record different from above?  Yes  No  
 If yes, who is listed as the parent/caretaker relative? \_\_\_\_\_
2. Is the address of the parent/caretaker relative on the school record different from above?  Yes  No  
 If yes, what is the parent/caretaker relative's address: \_\_\_\_\_

NAME OF PERSON COMPLETING THIS FORM	TITLE	TELEPHONE NUMBER (     )     -     /     /	DATE /  /
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PLEASE WRITE ANY ADDITIONAL INFORMATION ON THE BACK OF THIS PAGE

ADDITIONAL INFORMATION AND/OR COMMENTS