

SUMMIT LAKE PAIUTE TRIBE
K-12 STUDENT SERVICES SCHOOL VERIFICATION

1001 Rock Blvd.
Sparks, NV 89431
775-827-9670
Fax: 775-827-9678

INSTRUCTIONS: To be filled out by an authorized school official (Principal, Vice-Principal or Authorized Representative).

Date: _____

To Whom It May Concern:

This is to verify that _____ (Student Name) is currently enrolled in _____ (School Name) for the _____ school year and will be entering the _____ grade.

School Official Printed Name

School Official Signature

School Official Title

Date

(For Education Department Use Only)

Received _____ (Date) by _____ (Name)

Processed _____ (Date) by _____ (Name)

Approved/Denied on _____ (Date) by _____ (Name)
(Circle one)

Notification of Decision _____ (Date) by _____ (Name)