

JOHNSON O'MALLEY STUDENT CERTIFICATION
Bureau of Indian Affairs
Juneau Area Office
Juneau, AK

PRIVACY ACT STATEMENT:

Authority: The Act of January 4, 1975, P.L. 93-638, 88 Stat. 2203.
 Purpose & Use: This Certification will be used for per capita funding of Johnson O'Malley supplemental education programs.
 Consequences: Failure to submit this form will result in ineligibility for per capita funding under the conditions defined in 25 USC 450 b.

JOM STUDENT INFORMATION INFORMATION	PUBLIC SCHOOL
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- | | |
|---|---|
| 1. _____
Name (Last, First, MI) | 1. School District Name:
Fairbanks North Star
Borough School District |
| 2. _____
Mailing Address | 2. _____
School Location |
| _____
City/Village, State & Zip Code | 3. _____
Grade Level |
| 3. _____
Date of Birthday (Month, Day, Year) | |

 CERTIFICATION:

I certify that _____ for whom this application is made, is a member or at least a one-fourth degree Indian blood descendent of a member of an Indian Tribe which is eligible for the special programs and services provided by the United States through the Bureau of Indian Affairs to Indians because of their status as Indians.

I am aware that the law provides a penalty of not more than \$10,000.00 fine or five years in prison, or both for providing false information.

 DATE

 SIGNATURE OF PARENT/LEGAL GUARDIAN

 TRIBAL AFFILIATION:
 (Athabascan, Inupiaq, Yupik, etc.)

 PRINTED NAME