



Department of Tribal Empowerment  
 11100 Santos Sanchez  
 Ysleta del Sur Pueblo, TX 79927  
 Phone 915.872.8648  
 Tiwahun Complex Phone 915.790.0227  
 Fax 915.872.8651  
 www.ysletadelsurpueblo.org

## STUDENT DATA PROCUREMENT AUTHORIZATION FORM

<b>STUDENT INFORMATION</b>									
Last Name:		First:			Middle:	Birth date:	Age:	Gender:	
								<input type="checkbox"/> M <input type="checkbox"/> F	
<input type="checkbox"/> Tribal Member: Census ID#				<input type="checkbox"/> Non-Tribal (Step-Child to Enrolled Tribal Parent)					
Street Address:				City:	State:	Zip Code:	Home Phone No.:		
Graduating Senior <input type="checkbox"/> Yes <input type="checkbox"/> No		School Name:		School District:		Grade Level:	Participant's Email:		
Special Education Needs: <input type="checkbox"/> Section 504 <input type="checkbox"/> Special Education									
<input type="checkbox"/> Other _____									
Would you like Tribal Empowerment Staff to attend your child's ARDs? (The Admission, Review, and Dismissal Process is a resource to help parents and families of students who are, or may be, eligible for special education supports and services take a more active part in planning their student's educational program.) <input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>PARENT INFORMATION</b>									
Mother's/Guardian's last name:		First:			Middle:	Birth date:	Cell Phone No.:		
<input type="checkbox"/> Tribal Member: Census ID#				<input type="checkbox"/> Non-Tribal					
Street Address (if different):				City:	State:	Zip Code:	Home Phone No. (if different):		
Employer:				Occupation:		Employer phone no.:		Mother's Email:	
Father's/Guardian's last name:		First:			Middle:	Birth date:	Cell Phone No.:		
<input type="checkbox"/> Tribal Member: Census ID#				<input type="checkbox"/> Non-Tribal					
Street Address (if different):				City:	State:	Zip Code:	Home Phone No. (if different):		
Employer:				Occupation:		Employer phone no.:		Father's Email:	
<b>IN CASE OF EMERGENCY</b>									
Name of local friend/relative (not living at same address):			Relation to student:		Home Phone:	Work Phone:	Cell Phone:		
1.									
2.									
I do hereby grant Ysleta del Sur Pueblo Department of Tribal Empowerment authorization to obtain, view, and process academic information on my child kept by the school they are currently attending or have previously attended through email, fax, or in person inquiries. This information may include grade reports, attendance records, academic transcripts, test scores, disciplinary referrals, medical records, immunization records, and any other school related information.									
<b>X</b>									
Parent/Guardian signature					Date				

By typing in your Full Name above, you agree your electronic signature is the equivalent of your manual signature on this form.