



Coeur d'Alene Tribe
Department of Education
PO Box 408
850 A Street
Plummer, ID 83851
208-686-7322

To: _____
Name of Institution

P.O. Box or Street Address

City State Zip

() _____
Area Code Phone

From: _____

Date: _____

Subject: Student Records _____

You are hereby authorized to provide the following reports to the Coeur d' Alene Tribal Department of Education:

Student Name: _____

Student Signature: _____ Date: _____

Student Attendance: How Many Days Absent? _____

Student's Current Grade: A ___ B ___ C ___ D ___ F ___

Other Comments: _____

