Tribal Letterhead

(Date)

Superintendent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

ABC School District

City, State Zip Code

Dear Superintendent*\_\_\_\_\_\_\_\_\_,*

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of tribe) has a positive working relationship with the public schools in our area. The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of tribe) is satisfied with the educational services and programs provided by the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of the school district). The \_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of school district) has provided the tribe with a copy of the regulations 34 CFR 222.91-94 pertaining to our rights under the Indian consultation process. We understand our rights and offer this letter as a waiver of the Impact Aid Indian Policies and Procedures requirements for the FY\_\_\_\_\_\_\_ Impact Aid application year.

If you have any questions or concerns relating to this waiver, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of contact) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(phone number) or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(email address).

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tribal Leader Name and Title