

**Official Appointment of Representative to the
Indian Education Advisory Committee
Nevada Indian Commission**

The following individual is appointed as the representative to the Indian Education Advisory Committee, Nevada Indian Commission for our organization. This appointment authorizes the appointee to attend meetings and represent our organization on the respective Committee.

| | | | |
|--------------------------|--|--|--|
| Name | | | |
| Title | | | |
| *Tribe or Education Body | | | |

| | | | |
|---------|-------|--------|-----------|
| Address | | | |
| | | | |
| | City: | State: | Zip Code: |

| | | |
|------------|--------|-----------------|
| Work Phone | () | E-Mail Address: |
| Fax Number | () | |
| Cell Phone | () | |

Date: _____

*In order to represent an _____ Authorizing Official for Education Body/Tribe, Band or Colony organization, you must have _____ Print Name: approval from an authorizing _____ Print Title: Official. _____

Approval by the Indian Education Advisory Committee

This appointment is hereby approved by the Indian Education Advisory Committee for the Nevada Indian Commission on _____.

Appointment Term: 2 Years
Beginning: _____
Ending: _____

New Appointment:
Reappointment:
If reappointment, number of terms previously served: _____

Seat Filled

Chairperson or Vice-Chairperson

Approval by Nevada Indian Commission

This appointment is hereby ratified by the Nevada Indian Commission on _____.

Executive Director