

Mail-in Information Form

Name: _____ **Phone:** _____

Address: _____

_____ **Email:** _____

Student(s): _____ **School:** *St. Labre*
St. Xavier
St. Charles

Approximate Timeframe: _____

Information to share with the Commission (additional sheets may be attached if needed):

I attest that this information is correct to the best of my knowledge. I understand that I may be contacted by the Commission or HRA for further information. I further understand that anonymous submissions may not be used in the investigation.

Signature: _____

Print Name: _____

Date: _____

Mail to the following address:
Little Big Horn College
Attn: Dr. Janine Pease
8645 Weaver Drive
Crow Agency MT 59022