

Model IPP Waiver

Superintendent \_\_\_\_\_

ABC School District

City, State, Zip Code

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

The \_\_\_\_\_ (name of tribe) has a positive working relationship with \_\_\_\_\_ (name) School District. The \_\_\_\_\_ (name of tribe) is satisfied with the educational programs and services provided by \_\_\_\_\_ (name of school district). The \_\_\_\_\_ (name of school district) has provided the \_\_\_\_\_ Tribe with a copy of 34 CFR 222.91-94 regulations pertaining to our rights under the Indian Policies and Procedures (IPP) consultation process. We understand our rights and offer this letter as a Waiver of the Impact Aid Indian Policies and Procedures (IPP) 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,

\_\_\_\_\_  
(Authorized Tribal leader )