



# Nooksack Indian Tribe

ENROLLMENT DEPARTMENT  
Request for Information Form

I, \_\_\_\_\_, (date of Birth): \_\_\_\_/\_\_\_\_/\_\_\_\_\_,  
request the following information from the Enrollment Department:

\_\_\_\_\_ Copy of Social Security Card

\_\_\_\_\_ Copy of Birth Certificate

\_\_\_\_\_ Tribal Enrollment Verification

The request is for the following individuals:

\_\_\_\_\_ Myself

\_\_\_\_\_ Child(ren): \_\_\_\_\_

**(Must be Parent or legal Guardian)**

Enrollment Number if known or Social Security Number of each Individual (use back of form if need more room)

\_\_\_\_\_

Please provide this information to: \_\_\_\_\_

And send it by: (Check one and fill out)

\_\_\_\_\_ Fax Fax#(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Attention: \_\_\_\_\_

\_\_\_\_\_ Mail: Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_ Attention: \_\_\_\_\_

Email Address

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Individual requesting release)

Contact Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

This form is to be filled out by the individual who is requesting information in accordance to Title 63; under 63.05.001(b)(2).

Send this form to the Tribal Enrollment Office via EMAIL [enrollment@nooksack-nsn.gov](mailto:enrollment@nooksack-nsn.gov) or fax to (360)306-5099 ATT: Enrollment or mail to PO Box 164 Deming, WA 98244 Attention Enrollment.

**Office use only:**

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Processed: \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_

Scanned and uploaded by: \_\_\_\_\_ on (date): \_\_\_\_\_

Enrollment # \_\_\_\_\_ Filed by: \_\_\_\_\_