



## Nooksack Indian Tribe

ENROLLMENT DEPARTMENT  
Request for Information Form

I, \_\_\_\_\_, (date of Birth): \_\_\_\_/\_\_\_\_/\_\_\_\_\_,  
request the following information from the Enrollment Department. The request is for the following  
individuals:

\_\_\_\_\_ Myself      \_\_\_\_\_ Child(ren): \_\_\_\_\_  
**(Must be Parent or legal Guardian)**

\_\_\_\_\_ Tribal Enrollment Verification      \_\_\_\_\_ Certificate of Indian Blood (CDIB)

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 157 Deming, WA 98244 Attention Enrollment.