



TRIBAL ENROLLMENT VERIFICATION RELEASE OF INFORMATION

LAST NAME FIRST NAME MIDDLE NAME

SOCIAL SECURITY NUMBER DATE OF BIRTH

MAILING ADDRESS CITY STATE ZIP

CELL PHONE DAY PHONE EMAIL ADDRESS

I, _____, am of sound mind and authorize the release of my records pertaining to TRIBAL ENROLLMENT and/or CONTACT INFORMATION to:

NAME/ORGANIZATION

MAILING ADDRESS CITY STATE ZIP

PHONE NUMBER FAX NUMBER

NOTE: Nome Eskimo Community reserves the right to update contact information based on this form if it differs from contact information on file. The individual's name, however, cannot be changed until we have a court document reflecting the change. Upon proof of identification and signature, this release of information authorization will be valid for one year.

SIGNATURE DATE

WITNESS SIGNATURE DATE