



# REQUEST FOR NOTICE OF TRIBAL VERIFICATION

Requester Name: \_\_\_\_\_

Type of Document(s) Requested:

- Letter of Enrollment Verification     Resolution Copy     Verification of Pending Application  
 Family Tree     Scholarship Verification     Verification of Indian Preference for Employment

Please list the name(s) of each individual needing verification:

Self: _____	Date of Birth: _____	<input type="checkbox"/> Adult	<input type="checkbox"/> Minor
1. _____	Date of Birth: _____	<input type="checkbox"/> Adult	<input type="checkbox"/> Minor
2. _____	Date of Birth: _____	<input type="checkbox"/> Adult	<input type="checkbox"/> Minor
3. _____	Date of Birth: _____	<input type="checkbox"/> Adult	<input type="checkbox"/> Minor

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please specify reason for request: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(or Parent's signature, if a minor)

**\*Note: You must have filed an Application for Enrollment.  
PLEASE ALLOW 3 BUSINESS DAYS FOR PROCESSING.**