

REQUEST FORM

(Please Print)

Date: _____

Your Name: _____

Mailing Address: _____

Street Address: _____

NOTICE:

This Agency is subject to the requirements of the Federal "Privacy Act". Anyone requesting record regarding another person must submit written authorization by that person or show proof of Legal Custody or Guardianship.

Please check the reason for your visit:

_____ C.I.B. (Copy of Enrollment/Degree of Indian blood)

_____ Indian Preference Form 4432 (if applying for a Government Job)

Other: _____

PLEASE LIST PERSON(S) REQUEST IS FOR:

Name:

DOB:

Enrollment #:

Relationship

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Signature of Person filling out this form:

X _____

Standing Rock Sioux Tribe
Enrollment Office

PO Box D Fort Yates, ND 58538

Phone: (701)854-8695

Fax: (701)854-3776

enrollment@standingrock.org