



Confederated Tribes of Grand Ronde
ENROLLMENT RECORDS REQUEST FORM

Please use a separate form for each record you are requesting.

Please provide a copy of your picture ID with your request and return to:

Member Services, Confederated Tribes of Grand Ronde, 9615 Grand Ronde Road, Grand Ronde, Oregon 97347 or memberservices@grandronde.org

Please complete with Requestor's information:

Full Name: _____ Last Four of SS #: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Preferred method of contact: EMAIL HOME PHONE CELL PHONE MAIL

Preferred method of delivery: EMAIL MAIL PICKUP IN PERSON VIEWING

NOTE: If you wish to receive documents by email, you must submit this request by email – documents will only be sent as a reply to the requesting email address. If you wish to view documents in person, you must schedule an appointment with the Enrollment Department.

Check if you are:

Tribal member. My roll # is: _____

Applicant. I submitted my application on: _____ (date)

Parent/guardian of a minor Tribal member.

Please complete with information for record you are requesting:

Name/roll number of the Tribal member record you are requesting: _____

Your relationship to that Tribal member: Self Lineal descendant Parent/guardian

I understand that the Tribe is not certifying anything in the requested file and that it is being provided for informational purposes only. I release the Tribe from any liability related to access to the enrollment record.

Signature: _____ Date: _____

(OFFICE USE ONLY)

Date Request Received: _____

Identification Verified

Release Verified (if Applicable)

Other: _____

APPROVED:

Appointment date/time for viewing: _____

Copies provided (email: no charge; mail or pickup: After 25 pages-10¢/page + shipping)

PAID Total amount due: _____

DENIED – DENIAL FORM SENT