Susanville Indian Rancheria Enrollment Office

REQUEST & AUTHORIZATION FORM

I, _____, Tribal Member No. _____
(Please print.)
hereby request the following for myself and/or _____,

_____, _____, _____,

whom I certify are minor(s) and/or incompetent adult(s) in my legal custody, guardianship, and/or for whom I have power of attorney.

☐ ID / Loyalty Card (Encrypted) ☐ Paper copy of ID Card ☐ ID Card Only

☐ Copy of birth certificate ☐ Tax Exemption Form ☐ Family Tree

☐ Tribal Enrollment # only ☐ Social Security # ☐ Copy of SS Card

☐ Membership Verification Form with Tribal Enrollment #

☐ Telephone #, ☐ Email Address, ☐ Mailing Address, ☐ Physical Address,

☐ Other _____

☐ I further authorize the Susanville Indian Rancheria Enrollment Office to release the information specified above to the person(s) and/or organizations and agencies noted below. This authorization is valid for one year and may be revoked by me, the Tribal Member at any time, provided I revoke authorization in writing sent to the SIR Enrollment Office.

The following SIR Tribal Office or Person: _____,

☐ SIR Housing Authority, ☐ Other: _____.

_____ _____
Tribal Member **Date** **Phone #**

_____ _____
Mailing Address **Street Address (if different)**

☐ this request was made by telephone or facsimile. Member was identified by the following **two** or more forms of identification. ☐ SS#, ☐ DOB, ☐ Address, ☐ SIR Roll #, ☐ _____.

_____ _____
Enrollment Staff **Date**

Susanville Indian Rancheria, 745 Joaquin Street, Susanville, CA 96130
Enrollment Office (530) 257-2591, FAX (530) 252-4350 sirenrollment@citlink.net