



**Confederated Tribes of Siletz Indians
Enrollment Department**

PO Box 549
Siletz, Oregon 97380-0549

Toll Free: (800) 922-1399 ext. 1258
Direct: (541) 444-8258
Fax: (541) 444-8296
Email: angelar@ctsi.nsn.us

REQUEST/AUTHORIZATION FOR DISCLOSURE OF ENROLLMENT RECORDS

INSTRUCTIONS: Complete #1, #2 and/or #3 depending on the information you would like to receive from the Enrollment Department. Questions #4-#6 must be completed with a signature or the request will be returned and no action will be taken by the Enrollment Department and/or Tribal Administration. This form can be submitted via mail, fax and/or email to be processed.

1) I, _____, hereby authorize the disclosure to myself or to my designee, of the information from my personal Tribal Enrollment record, my roll # _____, on the terms set out below.

OR that of my minor child(ren), _____, roll # _____
_____, roll # _____
_____, roll # _____

OR that of _____, roll # _____, of whom I am the legal guardian and/or for whom I hold a Power of Attorney (see the attach documentation).

a. The information to be disclosed from my/his/her Enrollment Record is: (check and initial applicable boxes)

- _____ Copy of Birth Certificate _____ Entire Enrollment File
 _____ Other (specify): _____

2) I, _____, hereby request a mailing list of Tribal members in label format (Avery 5160) as allowed per the Siletz Public Records Ordinance §2.902(e).

3) I, _____, hereby request the following public records from the Enrollment Department as allowed per the Siletz Public Records Ordinance §2.902(e).

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

4) The allowable purpose for this request is to: _____

5) These records shall be disclosed by:

CTSI – Enrollment Department
201 SE Swan Ave • PO Box 549
Siletz, OR 97380

AND SHALL BE PROVIDED TO:

Name of
Person/Organization/Facility: _____
Mailing Address: _____
City, State & Zip Code: _____
Fax Number w/Area Code: _____
Email Address: _____

6) I hereby request the records be sent via:

USPS MAIL w/TRACKING FAX EMAIL

By my signature, I understand that this is a one-time release for the sole purpose and use of the Tribal member and/or guardian as described in #4 above. This release shall expire after being fulfilled as requested.

Tribal Member Signature

Date