



NOME ESKIMO COMMUNITY
P.O. Box 1090
Nome, Alaska 99762
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www.necalaska.org

Tribal Enrollment Verification Release of Information

Name (last, first): _____ Date of Birth: _____

Social Security Number: _____

Address: _____

Ph: (____) _____

I _____ am of sound mind and authorize the release of my records pertaining to Tribal Enrollment () and/or Contact Information () to:

Name/Organization: _____

Address: _____

Ph: (____) _____ Fax: (____) _____

Note: Nome Eskimo Community reserves the right to update contact information based on this form, if it differs from the one on file. The individuals name cannot be changed until we have a court document reflecting the change. Upon proof of identification *and* signature, this form will be valid for one year.

Signature: _____ Date: _____

Witness: _____ Date: _____