



PEORIA TRIBE
OF INDIANS OF OKLAHOMA

ENROLLMENT OFFICE | P.O. BOX 1527 MIAMI, OKLAHOMA 74355 | 918.540.2535

RELEASE OF INFORMATION

WOULD YOU LIKE TO STAY INFORMED OF PEORIA TRIBAL PROGRAM OPPORTUNITIES, UPDATES, EVENTS AND MORE?

By checking yes, this allows Peoria Tribal Programs to send updates, correspondence, and information relevant to Peoria Tribe of Indians of Oklahoma citizens.

☐ Yes ☐ No

How would you like to receive the Peoria Tribe's Newsletter?

☐ Electronic Email ☐ Postal Service ☐ Opt out of Newsletter

ADDRESS VERIFICATION

TRIBAL CITIZEN: _____ DOB: ____/____/____
First Name Middle Name Maiden Name Legal Last Name

SSN: ____ - ____ - ____ ROLL NO. _____ PRIMARY PHONE: (____) ____ - ____ EMAIL: _____

PHYSICAL ADDRESS: _____
Address City State Zip Code

MAILING ADDRESS: _____
Address City State Zip Code

PLEASE PROVIDE THE MOST CURRENT INFORMATION FOR YOU AND YOUR HOUSEHOLD AS THE ENROLLMENT OFFICE WILL USE THIS FORM TO UPDATE YOUR CONTACT INFORMATION. IF ANY CITIZEN IS OVER THE AGE OF 18, THEY MUST SIGN THEIR OWN RELEASE OF INFORMATION AND ADDRESS VERIFICATION FORM.

List all other Tribal Citizens of your household, under 18, who will need to have their address updated:

_____ (Name)	_____ (DOB)	_____ (Name)	_____ (DOB)	_____ (Name)	_____ (DOB)
_____ (Name)	_____ (DOB)	_____ (Name)	_____ (DOB)	_____ (Name)	_____ (DOB)

I hereby understand by signing below that I am giving permission for the Peoria Tribe Enrollment Office to release my contact information for use solely by the departments of the Tribe in order to receive updates, correspondence, and information. I further understand that my contact information will not be released to any party outside of the Tribal Administration Office.

SIGNATURE _____ DATE: _____

Complete this form and return to P.O. Box 1527 Miami, Oklahoma 74355 ATTN: Enrollment Office or via email to Donna Harp at dharp@peoriatribe.com | **Any incomplete form will not be processed.**