



2872 Mission Drive, Shelbyville, MI 49344 | {p} 269.397.1780 | gunlaketribe-nsn.gov

Records Request Form- Enrollment Department

Requester Information (if different than self/citizen):

Last Name First Name DOB

Relationship to the Citizen (self or parent/guardian only)

Information Requested:

Information Requested from file of

Citizen Name DOB Tribal ID #

Signature of Requester:

Method of Receipt (Requested Please Circle One)

In person pick up Email Fax Physical Mail

Fax/Mailing Address/Person information is to be released to:

Date: _____

Time: _____

Signature of Recipient for in person pick up:

Initials of staff who processed the method of receipt: _____