

FOR OFFICE USE ONLY						
Enrollment #	Date Rec'd	Initials	Received Via (circle one)			
			Walk-in	Mail	Fax	Email



Brad KillsCrow  
Chief

## DELAWARE TRIBE OF INDIANS

Enrollment Department

5100 Tuxedo Blvd.

Bartlesville, OK 74006

918-337-6570 or 918-337-6583

Email: [enrollment@delawaretribe.org](mailto:enrollment@delawaretribe.org)

Fax: 918-337-6540



Tonya Anna  
Assistant Chief

## RELEASE OF INFORMATION

**Please submit a copy of your photo ID (tribal, state, or federal).**

Last Name		First Name		Middle Name	
Other Name(s)		Date of Birth	Delaware Tribal Roll #		
Street	City		State	Zip	
Phone #	Email				
Email					

I authorize the Delaware Tribe of Indians Enrollment Department to verify my enrollment status in the Delaware Tribe to the following:

Company/Person Name to which you wish information to be released			
Address	City	State	Zip
Phone #	Fax #		
Email			

I understand this Release of Information will remain in effect for one year from the date of my signature.

\_\_\_\_\_  
Signature of Applicant or Parent/Legal Guardian (if under 18)

\_\_\_\_\_  
Date