	FOI	R OFFICE 1	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

Fax: 918-337-6540



Jeremy Johnson Assistant Chief

LAW ENFORCEMENT RELEASE OF INFORMATION

Agency

Please submit a copy of your ID (tribal, state, or federal) Badge with this form OR submit your request on your agency's official letterhead.

REQUESTOR INFORMATION

Person Requesting Information

ress	City	State	Zip
one #	Fax#		
nail			
BJECT INFORMATI	ON		
ast Name	First Name	Date (of Birth
	formation obtained through this requ	est is to be used for off	icial law
enforcement purpo	ses only.		
Title of Requestor			
Title of Requestor			
Title of Requestor			