

## ENROLLMENT DEPARTMENT CHANGE OF ADDRESS FORM

NAME: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_

WORK TELEPHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

TRIBAL ENROLLMENT NUMBER: \_\_\_\_\_

\*TRIBAL CHILDREN @ ADDRESS: \_\_\_\_\_ ROLL #: \_\_\_\_\_

\_\_\_\_\_ ROLL #: \_\_\_\_\_

\_\_\_\_\_ ROLL #: \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

Tribal Member Signature

Date

*\*If change of address is being submitted for minor child or incompetent adult, please sign below:*

SUBMITTED BY: \_\_\_\_\_

Parent/Guardian Signature

Date