



ENROLLMENT CHANGES

Return Forms to Enrollment Office @ 6406 Marine Dr. Tulalip, WA 98271 - Fax (360)716-0209

****Only the legal parent or guardian can fill this form out for a minor****

****All the information that is provided is kept highly confidential with in the Tulalip Tribes****

Name: _____ Roll#: _____

Mailing Address: _____

Street Address: _____

City: _____ St: _____ Zip: _____

Phone: _____ County: _____

E-Mail: _____ Check box to receive notices by email also

Please include children with address changes:

1.) _____ Roll # _____

2.) _____ Roll # _____

3.) _____ Roll # _____

Custody Change - Must have court documentation.

Custody Change: _____

Name Change - Must have Legal documents to change name.

Old Name: _____

New Name: _____

Newsletter/Mailings -

Change or add address - **Only one address per household!**
(Each mail out or see-yat-sub will be address to oldest tribal member per household)

Signature: _____ **Date:** _____

*****Official Use Only*****

Documents Attached:

Court Papers Marriage Certificate Notarized Letter No Dupl. Verify.

Enrollment Staff: Progeny _____ Date: _____ MOM _____ Date: _____