



# Caddo Nation

## Enrollment Department

P.O. Box 487 Binger, OK 73009  
Phone: (405) 656-2344 ext. 9861 - FAX: (405) 656-0960  
Email: [enrollment@mycaddonation.com](mailto:enrollment@mycaddonation.com)

### TRIBAL MEMBERSHIP VERIFICATION REQUEST FORM TO RELEASE OF INFORMATION TO TRIBAL PROGRAMS

Please provide the following information/documents to the Caddo Nation Programs:

- |                                      |          |
|--------------------------------------|----------|
| 1. Caddo Tags Department             | Yes - No |
| 2. CHR/Diabetes Program              | Yes - No |
| 3. ICW/Social Services Programs      | Yes - No |
| 4. Caddo Higher Education Department | Yes - No |
| 5. AOA/Elder Department              | Yes - No |
| 6. Caddo Housing Department          | Yes - No |
| 7. Caddo Election Board              | Yes - No |
| 8. Caddo Childcare Department        | Yes - No |
| 9. Caddo Newsletter Department       | Yes - No |
| 10. Caddo Constitution Committee     | Yes - No |
| 11. Caddo Emergency Management       | Yes - No |
| 12. Caddo EPA Department             | Yes - No |
| 13. Caddo Security Department        | Yes - No |

**NAME:** \_\_\_\_\_ **Roll #** \_\_\_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_

Current Physical & Mailing Address: **{PLEASE PRINT CLEARLY}**

**Mailing:**

\_\_\_\_\_

**Physical:**

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Tribal Members Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**{ATTACHED A COPY OF YOUR PHOTO I.D. WITH THE REQUEST FORM FOR VERIFICATION PURPOSES ONLY}**