



Department of Enrollment
RESEARCH REQUEST

Detail the information you are requesting or change you wish to be made:

CONTACT INFORMATION:

(Results of research will be mailed to this person)

Name: _____

Date of Birth: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip _____

Printed Name: _____

Signature: _____

Department of Enrollment
RESEARCH REQUEST



Complete the following information to the best of your knowledge. Maiden names are also useful. This form will be utilized in the research you are requesting. Page 2 of this form requires you to be very specific about the information you are hoping to obtain.

GRANDMOTHER _____
 DOB/DOD: _____
 Enrolled Tribe: _____
 Other Blood: _____

MOTHER _____
 DOB/DOD: _____
 Enrolled Tribe: _____
 Other Blood: _____

GRANDFATHER _____
 DOB/DOD: _____
 Enrolled Tribe: _____
 Other Blood: _____

GREAT-GRANDMOTHER _____
 DOB/DOD: _____
 Enrolled Tribe: _____
 Other Blood: _____

GREAT-GRANDFATHER _____
 DOB/DOD: _____
 Enrolled Tribe: _____
 Other Blood: _____

GREAT-GRANDMOTHER _____
 DOB/DOD: _____
 Enrolled Tribe: _____
 Other Blood: _____

GREAT-GRANDFATHER _____
 DOB/DOD: _____
 Enrolled Tribe: _____
 Other Blood: _____

GRANDMOTHER _____
 DOB/DOD: _____
 Enrolled Tribe: _____
 Other Blood: _____

FATHER _____
 DOB/DOD: _____
 Enrolled Tribe: _____
 Other Blood: _____

GRANDFATHER _____
 DOB/DOD: _____
 Enrolled Tribe: _____
 Other Blood: _____

GREAT-GRANDMOTHER _____
 DOB/DOD: _____
 Enrolled Tribe: _____
 Other Blood: _____

GREAT-GRANDFATHER _____
 DOB/DOD: _____
 Enrolled Tribe: _____
 Other Blood: _____