

Trust Enrollment Department

PO Box 365, Oneida WI 54155
(920) 869-6200 * 1-800-571-9902
Fax: (920) 869-2995
Enrollments@oneidanation.org
<https://oneida-nsn.gov/resources/enrollments/>



Release of Information

Roll Number: _____ or Birth Date: _____

First Name: _____ MI: _____ Last Name: _____

I give the Trust Enrollment Department of the Oneida Nation permission to release the following information:

Payment Verification: Year(s) _____

Tribal Certification Letter (Verification of Enrollment)

Other: _____

Provide requested information by: *(Choose one)*

Pick up: _____
NAME - (MUST PROVIDE PICTURE ID) RELATIONSHIP

Fax to: _____ at _____
ATTENTION FAX NUMBER

Email to: _____

Mail to: _____
NAME

ADDRESS

CITY/STATE/ZIP

MEMBER SIGNATURE

DATE