

**WICHITA & AFFILIATED TRIBES
ENROLLMENT ADDRESS UPDATE/RECORDS REQUEST**

FULL NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

MAILING ADDRESS: _____

Street Address/P.O. Box

City State Zip

STREET ADDRESS: _____

Street Address

City State Zip

COUNTY: _____

HOME PHONE: (____) _____

MOBILE PHONE: (____) _____

MESSAGE PHONE: (____) _____

EMAIL ADDRESS: _____

WEBSITE ADDRESS: _____

HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____

SIGNATURE DATE

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

RECORDS REQUESTED:	_____ CDIB CARD	_____ PHOTO ID
	_____ BC COPY	_____ SS COPY
	_____ CDIB LETTER	_____ ENR. APP.
	_____ H & F LIC.	_____ ADD. UP.
	_____ NEW TAG.	_____ TAG REN.
	_____ DUP. TITLE	_____ GIFT SHOP

OTHER: _____

TERRI PARTON DATE

ADDRESS UPDATE ON COMPUTER: _____

DATE