

VERIFICATION LETTER REQUEST FORM



Tribal Enrollment & Vital Records Office

Shinnecock Nation
Church Street; PO Box 557
Southampton, NY 11969-0557
Phone: 631-458-1240
Fax: 631-204-9253
Email:
tribalenrollment@shinnecock.org

Shinnecock Tribal Enrollment and Vital Records Office is responsible for keeping all data regarding the enrollment status of Shinnecock Nation tribal citizens as well as their geographic and general contact information. However, the accuracy of such information depends on each citizen's direct contact with our office or other tribal departments from which they may require services.

In an effort to keep the Nation's Enrollment records current and provide Shinnecock citizens with efficient and accurate service, this form is required for all citizen and/or departmental requests for verification letters.

POLICY & PROCEDURE

All citizens or departments must fill out an electronic or hard copy of this form for action to be taken by the Enrollment Department. Once verification letters are signed and copied, the Enrollment office will contact the individual or department that requested the letter(s) within two to seven business days for retrieval.

PLEASE PRINT CLEARLY

Person Making Request: _____

Contact number: _____ Email: _____

Reason for request: ☐ Identification ☐ Education ☐ Residency ☐ Homeownership

☐ Utility ☐ Health ☐ Tribal Holiday ☐ Other _____

Department using this information: _____

How would you like to receive the requested letter(s): ☐ **My Department Mailbox**

☐ Call me to pickup in person ☐ Email me at: _____

Person(s) to be verified:	Citizen (Y/N)	Address for Verification (residence & mail):	Contact Number:

**** Form Distribution :** 1. Original to Enrollment Office. 2. Copy returned to citizen or department with signed verification letters.