

NOOKSACK INDIAN TRIBE EDUCATION DEPARTMENT
REQUEST FOR SERVICES

Return completed application to:
Post Office Box 1 57, Deming, WA 98244
5064 Mission Road-
Bellingham, WA 98226
(360) 966 9696 FAX (360) 592-2125

dedwards@nooksack-nsn.gov

Have you received services from the Nooksack Education Department before? NO YES

Enrolled Nooksack Tribal member (must have a CDIB on file) YES NO

What other services do you need: **YOU MUST TURN IN YOUR REGISTRATION AND AN INVOICE WITH DETAILS ON THE VENDOR – YOU MAY ALSO HAVE TO OBTAIN A W9 IF THEY ARE A NEW VENDOR TO THE TRIBE**

- Persona} Enrichment GED ABE/improve basic skills Credit Retrieval Tutoring
 Explore Career Direction Computer skills or Keyboarding Placement testing fees
 Course mandated supplies, clothing, kits (must submit letter from instructor or class syllabus)
 Placement test fees Tuition Books Running Start fees
 Other fees explain _____

APPLICANT INFORMATION

Full Legal Name _____

Date of Birth _____ Social Security Number _____

Email Address _____

Current Mailing Address _____

Home Phone _____ Cell Phone _____

SIGN AND RETURN

Return this signed Application to the Education Department and complete all required Financial Aid paperwork before the quarter you intend to begin attendance IF a financial aid eligible program.

I certify that, to the best of my knowledge, all statements I have made in this application are complete and true.

Signature _____ Date _____

RELEASE OF CONFIDENTIAL INFORMATION

VENDOR INFORMATION:

Vendor/College/University/School _____

Contact Person name _____ Email _____

I, _____ (STUDENT NAME) hereby give my permission for any and all information related to my:

tuition/student account academic record Other (please specify)

Be released to the Nooksack Education Department.

Please release this information to:

Nooksack Indian Tribe
Nooksack Education Department
Donia Edwards, Education Director
POB 157
Deming, WA 98244
(360) 966 9696 (360) 592-2125 FAX

Information may be released to the representative named above or other designee of the Nooksack Education Department.

This release of information is valid:

Until I revoke my permission to release such information in writing to the Education Department.

For only these time periods specified: From _____ to _____

Student Signature	Student Printed Name	Date

If the student is under 18

Parent/Guardian Signature	Parent/Guardian Printed Name	Date