Nooksack Indian Tribe

Tribal Records Request Form

Submit To	Records Officer, Nooksack Indian Tribe
Mailing Address	Nooksack Indian Tribe, P.O. Box 157, Deming, WA 98244
Email	recordsrequest@nooksack-nsn.gov

Instructions: Complete this form as fully as possible. Describe the requested records clearly enough for the Tribe to conduct a reasonable search. Attach additional pages if necessary.

Authority / Reference: This form is intended for use in submitting and processing records requests under the Nooksack Tribal Records Act, Title 2, including sections 2.03.010 through 2.03.060, and related Tribal records procedures.

Important Notice: Use of this form does not waive any applicable privilege, confidentiality requirement, exemption, approval requirement, or sovereign immunity of the Nooksack Indian Tribe.

Section 1. Requestor Information

Date Submitted	
Applicant / Requestor Name	
Applicant Type	☐ Nooksack Tribal Member ☐ Parent / Legal Guardian ☐ Authorized Representative ☐ Outside Agency ☐ Other: _____
Nooksack Tribal ID Number	
Organization	
Mailing Address	
Telephone / Message Phone	Work: _____ Home: _____ Cell: _____ Message Phone: _____
Email, if any	
Preferred Method of Contact	☐ Phone ☐ Email ☐ Mail ☐ Other: _____

If Requesting on Behalf of Another Person	Name of person represented: _____ Relationship / authority: _____
Written Authorization Attached	☐ Yes ☐ No ☐ Not Applicable

Section 2. Records Requested

Request Type	☐ Viewing Only ☐ Copies Requested ☐ Both Viewing and Copies
Records Category / Type Requested ☐ Resolution or Ordinance: _____ ☐ Minutes: _____ ☐ Land Record: _____ ☐ Grants: _____ ☐ Personnel, Medical, Personal, or Enrollment Records: _____ ☐ Education Records — Child's Name: _____ ☐ Minor Records: _____ ☐ Other Records: _____	
Specificity Reminder: Please identify the records as specifically as possible, including names, dates, departments, programs, subjects, resolution numbers, meeting dates, or other identifying information.	
Relationship to Record Subject	
Proof of Relationship / Authority Attached	☐ Yes ☐ No ☐ Not Applicable
Minor Records Notice: If requesting records regarding a minor, state your relationship to the minor and attach proof of parent or legal guardian authority.	
Description of Records Requested	
Relevant Date Range	
Departments / Programs / Individuals Likely to Hold Records	

Section 3. Delivery, Copies, and Processing

Requested Format / Delivery Preference	☐ Electronic Copy ☐ Paper Copy ☐ Inspection ☐ Website Link, if available ☐ Mail ☐ Other: _____
Notice: Submitting this form does not guarantee disclosure. Copies may require approval before release. If the General Manager establishes fees under Title 2, any applicable fee or advance deposit may be assessed consistent with the Tribe's approved policy and actual costs directly incident to fulfilling the request.	
Reason / Purpose for Copies Requested	
Clarification: If a request is unclear, the Records Officer may contact the applicant for clarification. If the applicant does not clarify the request, the Tribe may be unable to process it.	
Exempt or Redacted Records: Records may be withheld or redacted if exempt from disclosure under Title 2 or other applicable Tribal or federal law, including records protected by privacy, privilege, confidentiality, minor-record protections, law enforcement concerns, or other applicable exemptions.	

Response Timeline: Upon receipt of a completed request, the Records Officer should review the request within thirty (30) calendar days and respond as provided under Title 2.

Denial / Review Rights: If a request is denied in whole or in part, the applicant may seek reconsideration and appeal as provided in Title 2, section 2.03.060.

Section 4. Certification

I declare under penalty of perjury under the laws of the Nooksack Indian Tribe that the information provided in this request is true and correct, and that any records viewed or copies received will be used for the purpose(s) stated herein.

Requestor Signature	**Date**