NOOKSACK INDIAN TRIBE EDUCATION DEPARTMENT

REQUEST FOR SERVICES

Return completed application to:
Post Office Box 157, Deming, WA 98244
5064 Mission Road
Bellingham, WA 98226
(360)966-9696 FAX (360)592-2125
education@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**

☐ Personal 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
education@nooksack-nsn.gov
POB 157
Deming, WA 98244

Information may be released to the representative named above or other designee of theNooksack 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