



ADDRESS CHANGE REQUEST

The undersigned releases and holds harmless the Bear River Band of the Rohnerville Rancheria from any litigation that may arise from the request for address change(s) other than for myself. Further, if applicable, I request and authorize the change of address on behalf of my enrolled minor child(ren) to be the person designated below. By signing this release of liability, I also certify that I am the adult biological Tribal Member parent (or court documented appointed parent/guardian) of the listed minor Tribal Member child.

Note: One form required for each individual address change

Name: _____ **Roll #:** _____

Birthdate: _____ **Phone #:** _____

Email Address: _____

I request that my address be changed to the following:

Address: _____ **Apt. #:** ____

City: _____ **State:** _____

Zip Code: _____

Print Name (if signing for a minor): _____

Relationship to minor: _____

Signature: _____ **Date:** _____

Please return via mail or email to:
Bear River Band of the Rohnerville Rancheria
ATTN: Enrollment
266 Keisner Road Loleta, CA 95551
enrollment@brb-nsn.gov