# THE HOPI TRIBE

## Authorization for Release of Information

Complete form and submit with a copy of a photo Identification card. Release of information for a minor under the age of 18 years must be completed by the parent or legal guardian and be accompanied by a copy of a legal document for custody of minor.

### I. Tribal Member Information

| Name: | DOB: | Enrollment #: |
|---|---|---|
| Mailing Address | City | State/Zip code |

I hereby authorize the Hopi Enrollment Office to release the following information for:

☐ Self     ☐ Minor child/dren     ☐ Adult member (☐ Legal Guardian/Representative)

| Name | DOB | Enrollment Number |
|---|---|---|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Purpose for the release of Information:

### I authorize the release of the following information:

☐ Certificate of Indian Blood     ☐ Abstract of Enrolled Member Record
☐ BIA 4432 verification form     ☐ U.S. Fish and Wildlife National Eagle Repository Form
☐ Tribal Identification Card     ☐ Other: _____

**My signature below verifies:**
- I have read this Authorization form or have had this Authorization form read to me.
- I understand that this Authorization is voluntary and that I will not hold the Enrollment Office liable for any documents that may be released by the person/agency receiving the documents.
- The Authorization form shall expire after being fulfilled as requested.

Member/Guardian Signature: _____     Date: _____

### II. Department/Agencies (*Complete section if Info is to be sent to Dept./Agency*)

**I authorize Enrollment to provide information to the following Dept.:**
☐ Certificate of Indian Blood (C.I.B.)     ☐ Abstract of Enrolled Member Record     ☐ BIA 4432 form

| Dept./Agency: | Attention: | |
|---|---|---|
| Address: | City: | State/Zip code: |
| Phone: | Email: | |

**Please submit documents:**
☐ Mail     ☐ Pick up in-person     ☐ Email: _____

| *Enrollment Department Use Only* | |
|---|---|
| Received By: _____ Date: _____ | |
| Completed by: _____ Date Completed: _____ | |