



Hopi Tribe Enrollment Office  
 P.O. Box 123  
 Kykotsmovi, AZ 86043  
 Phone: (928)734-3152  
 Mevanwinkle@hopi.nsn.us

## Authorization for Release of Information

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

<b>I. Tribal Member Information</b>		
<b>Name:</b>	<b>DOB:</b>	<b>Enrollment #:</b>
<b>Mailing Address</b>	<b>City</b>	<b>State/Zip code</b>
I hereby authorize the Hopi Enrollment Office to release the following information for: <input type="checkbox"/> Self <input type="checkbox"/> Minor child/dren <input type="checkbox"/> Adult member <i>(I am legal Guardian/representative)</i>		
<b>Name</b>	<b>DOB</b>	<b>Enrollment Number</b>
<b>Statement for the release of Information:</b>		
<b>Please release the following information:</b>		
<input type="checkbox"/> Certificate of Indian Blood (C.I.B.) <input type="checkbox"/> Abstract of Enrolled Member Record <input type="checkbox"/> BIA 4432 verification form <input type="checkbox"/> Game & Fish (Eagle Feather) <input type="checkbox"/> Tribal Identification Card ( ID) <input type="checkbox"/> Other: _____		
<b>My signature below verifies:</b>		
<ul style="list-style-type: none"> <li>• I have read the authorization form or have had this Authorization form read to me.</li> <li>• I understand and 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.</li> <li>• The Release of information shall expire after being fulfilled as requested.</li> </ul>		
Member Signature: _____		Date: _____
<b>II. Department/Agencies <i>(Complete section if CIB to be sent to Dept./Agency)</i></b>		
<b>The Dept./Agency request the following document/s:</b>		
<input type="checkbox"/> Certificate of Indian Blood (C.I.B.) <input type="checkbox"/> Abstract of Enrolled Member Record <input type="checkbox"/> BIA 4432 form		
Dept./Agency:	Attention:	
Address:	City:	State/Zip code:
Phone:	Email:	
<b>Please submit documents:</b>		
<input type="checkbox"/> Mail <input type="checkbox"/> UPS Mail w/tracking <input type="checkbox"/> Pick up In person <input type="checkbox"/> Email: _____		
<b>Enrollment Department Use Only</b>		
Received By: _____		Date: _____
Completed by: _____		Date Completed: _____