



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

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.

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: <input type="checkbox"/> Self <input type="checkbox"/> Minor child/dren <input type="checkbox"/> Adult member <i>(I am legal Guardian/representative)</i>		
Name	DOB	Enrollment Number
Statement for the release of Information:		
Please release the following information:		
<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: _____		
My signature below verifies:		
<ul style="list-style-type: none"> • I have read the authorization form or have had this Authorization form read to me. • 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. • The Release of information shall expire after being fulfilled as requested. 		
Member Signature: _____		Date: _____
II. Department/Agencies <i>(Complete section if CIB to be sent to Dept./Agency)</i>		
The Dept./Agency request the following document/s:		
<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:	
Please submit documents to me via:		
<input type="checkbox"/> Mail <input type="checkbox"/> UPS Mail w/tracking <input type="checkbox"/> Pick up In-person <input type="checkbox"/> Email: _____		
Enrollment Department Use Only		
Received By: _____		Date: _____
Completed By: _____		Date Completed: _____