Hopi Tribe Enrollment Office
P.O. Box 123
Kykotsmovi, AZ 86039
HopiEnrollment@hopi.nsn.us
Phone: (928)734-3152

Authorization for Release of Information

Complete form and submit **with a copy of a photo Identification Card**. Release of Information for a minor child 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 providing for guardianship.

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/ren ☐ Adult member *(Legal Guardian/representative)*

Name	**DOB**	**Enrollment Number**

I authorize the release of the following information:

☐ Certificate of Indian Blood
☐ Abstract of Enrolled Member Record
☐ BIA 4432 Native Preference Verification form
☐ 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 pursuant to this request.
- This Authorization form shall expire after being fulfilled as requested.

Member/Guardian Signature: _____ Date: _____

Please submit documents:

☐ Mail ☐ Pick up In-person ☐ Email: _____