



GILA RIVER INDIAN COMMUNITY

Sacaton, Arizona 85147

Enrollment/Census Department
Post Office Box 97
Phone: (520) 562-9790
Fax: (520) 562-8103

Authorization to Release Information Form

I, _____, _____, _____
(Name of Requestor) (Date of Birth) (Enrollment Number If Applicable)

give authorization to the Enrollment/Census Department to release information on my behalf for:

Self Other (Relationship): _____

(Name) (Date of Birth) (Enrollment Number)

Please send to:

(Indicate department or person the information will be sent to) Address Phone or Fax Number

Please Release the following:

Certificate of Indian Blood BIA 4432 Employment Form Game & Fish Wildlife Form (Eagle Feather) Lineal Genealogy Chart (Sent through US Mail Only)

Requestor Contact Information

Mailing Address: _____ Phone No. _____

Deadline Date: _____

(If Applicable)

Signature: _____ Date: _____

NOTARIZATION IS REQUIRED IF MAILED, FAXED OR SUBMITTED BY A THIRD PARTY

NOTARY PUBLIC: (FOR PRINCIPAL IDENTITY VERIFICATION)

State of: _____)
_____))
County of: _____)

On this _____ day of _____, 20_____, before me personally appeared, _____ [name of signer], whose identity was proven to me on the basis of satisfactory evidence to be the person whose name, is subscribed to this document, and who acknowledges that he/she signed the above Authorization to Release Information form as the principal.

(seal)

Notary Public (Notary Signature)

My commission expires _____

Enrollment Office Use Only

Received By: _____ Date: _____

Entered Into Progeny By: _____ Date: _____