



# 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

Requestor's Name: \_\_\_\_\_ GRID# or DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I give authorization to the Enrollment/Census Department to release requested documents for:

Self       Minor Child       GRIC Member whom I have legal guardianship of

NAME	Date of Birth	GRID#

Please release the following:

Certificate of Indian Blood       BIA 4432 Form       Game & Fish Wildlife Form (Eagle Feather)       Family Tree (Sent by U.S. Mail)

### Delivery Method

Hold for Pick-Up       Mail       Fax\*  
\*Original will be mailed to requestor unless otherwise indicated.

Send to: (department/agency name, if applicable) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Deadline Date: \_\_\_\_\_  
(If Applicable)

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Notarization required if submitted by mail, fax, or a third party

State of: \_\_\_\_\_ )

)

County of: \_\_\_\_\_ )

Subscribed and sworn or affirmed and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ .

MY COMMISSION EXPIRES:

(seal)

\_\_\_\_\_  
NOTARY PUBLIC

### Enrollment Department Use Only

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Completed By/Notes: \_\_\_\_\_ Date: \_\_\_\_\_