



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: _____)

On this _____ day of _____, 20____ before me personally appeared and providing satisfactory evidence to be the person whose name is subscribed to this document, acknowledged her or she signed this form.

(seal)

MY COMMISSION EXPIRES:

NOTARY PUBLIC

Enrollment Department Use Only

Received By: _____ Date: _____

Completed By/Notes: _____ Date: _____