



GILA RIVER INDIAN COMMUNITY

Sacaton, AZ 85147

Enrollment/Census Department
 P.O. Box 97
 Phone: (520) 562-9790
 Fax: (520) 562-8103
Enrollment.dept@gric.nsn.us

Authorization to Release Information Form

I. Requestor Information			
Name:		GRID# or DOB:	Phn #:
Mailing Address:		City:	State: Zip Code:
I give authorization to the Enrollment/Census Department to release requested documents for:			
<input type="checkbox"/> Self <input type="checkbox"/> Minor Child <input type="checkbox"/> GRIC Member (I am the legal guardian or agent)			
Name	Date of Birth	GRID#	
Please release the following: <i>(BIA 4432 and Game & Fish "Eagle Feather" Form are mailed directly to the requestor)</i> <input type="checkbox"/> Certificate of Indian Blood <input type="checkbox"/> BIA 4432 Form <input type="checkbox"/> Game & Fish Form (Eagle Feather)			
<i>Certification: I hereby certify all information provided is true and correct to the best of my knowledge. If additional members are listed, I am the parent/guardian entitled to his or her custody or an agent authorized to act on his or her behalf. I understand requested information will be sent to me by mail unless otherwise indicated in Section II.</i>			
Requestor's Signature: _____		Date: _____	
II. Department/Agency: (Complete if CIB will to be sent directly to a GRIC Department or other agency)			
<input type="checkbox"/> Mail <input type="checkbox"/> Email* <input type="checkbox"/> Fax* * Original will be sent to requestor			
Dept/Agency:		Attention:	
Phone:	Fax:	Email:	
Address:		City:	State: Zip:
III. Notary Section: (Notary required if submitted by mail, email, 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 he or she signed this form.			
MY COMMISSION EXPIRES:			

NOTARY PUBLIC			
Enrollment Department Use Only			
Received by: _____		Date: _____	
Completed by: _____		Date: _____	