

authorize the Gila River Indian Community to verify my minor child's enrollment status and vaccination status with the appropriate entity and I consent to the release of medical information related to their vaccination status in order to verify that they have been fully vaccinated.

Signature: _____ Date: _____

The person signing this document must also submit a legible copy of a valid form of identification (e.g., tribal identification, copy of driver's license).

Printed Name: _____

THIS APPLICATION AND ATTACHMENTS MUST BE:

- MAILED TO P.O. BOX 338, SACATON, ARIZONA 85147; OR
- DELIVERED TO THE GOVERNANCE CENTER OR DISTRICT SERVICE CENTERS; OR
- E-MAILED TO gricminorvaccineincentives@gric.nsn.us

NO LATER THAN April 29, 2022