

**SAN CARLOS APACHE TRIBE  
TRIBAL ENROLLMENT DEPARTMENT**

Terry Rambler  
Tribal Chairman

P.O. Box 0  
San Carlos, Arizona 85550  
Phone: (928) 475-2689

Tao Etpison  
Vice-Chairman



**AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_ D.O.B: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Enrollment#: \* \_\_\_\_\_

NAME

For: \_\_\_\_\_

NAME (Minor)

**GIVE MY AUTHORIZATION TO THE SAN CARLOS APACHE TRIBE TRIBAL ENROLLMENT DEPARTMENT  
TO RELEASE INFORMATION ON MY BEHALF**

to: \_\_\_\_\_

**PLEASE RELEASE THE FOLLOWING:**

BIA Form 4432/Indian Preference

Copy of Birth Certificate

Certified Indian Blood (CIB)

Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mailing Address P.O. BOX: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

\_\_\_\_\_  
Contact Information (Optional) Phone#: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**FORM MUST BE NOTARIZED**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

By: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Public Notary

**OFFICE USE ONLY**

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

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