

**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: ____/____/____