

## AUTHORIZATION TO REQUEST TRIBAL VERIFICATION

I, \_\_\_\_\_, authorize the Tohono O'odham Education Assistance Program to contact the Tohono O'odham Nation Enrollment Program to verify my tribal enrollment status. This authorization will serve to complete my application process for education assistance and to authorize future verification requests throughout the duration of my participation in the program.

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

OTHER NAMES (if applicable): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

TRIBAL ENROLLMENT NUMBER: \_\_\_\_\_

I understand any incomplete or missing information may delay or prevent the Tohono O'odham Nation Enrollment Program from verifying my tribal enrollment status.

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

Email this document to (preferred):

**askeap@tonation-nsn.gov**

OR

Mail this document to:

**Education Assistance Program**

**P.O. Box 837**

**Sells, Arizona 85634**