

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: _____

Typing in my name above serves as my signature.

Email this document to (preferred):

askeap@tonation-nsn.gov

OR

Mail this document to:

**Education Assistance Program &
Higher Education Services
P.O. Box 837
Sells, Arizona 85634**