

Hoopa Valley Tribal Council
TRIBAL EMPLOYMENT RIGHTS OFFICE/H.R.

71 Willow St. ~ PO Box 1467 ~ Hoopa, CA 95546
Phone (530) 625-9200 Ext. 14 ~ Fax (530) 625-4269



DATE: _____

TO: _____ TRIBE

FROM: Penny L. Cordova, TERO Director

RE: AUTHORIZATION FOR RELEASE OF INFORMATION

The applicant listed below has filed a job application with the Tribal Employment Rights Office (TERO) for employment and/or training purposes. In order for TERO to give applicant Indian Preference status, we need verification of enrollment. Below is authorization from the applicant giving consent to release this information to TERO.

I, _____ do hereby authorize the _____ Tribe
To release verification of my enrollment to the Hoopa TERO. My date of birth is: _____, and my roll # (if known): _____.

Signature of Applicant

MAILING ADDRESS: _____

CONTACT NUMBER: (____) _____