

Hoopa Valley Tribe Enrollment Department

Post Office Box 1348 Hoopa, California 95546
Phone (530)-625-4364 Fax (530)-625-4947
hvttenroll@yahoo.com



Paternity/DNA Disclosure

Name: _____ Hoopa Roll Number# _____

I, _____ hereby grant the Hoopa Valley Tribal Enrollment Department full release of my DNA results to establish Paternity required for tribal enrollment.

Initial: _____ I understand that I am giving consent to utilize my DNA to establish paternity for all of my alleged children for enrollment purposes.

Signature

Date

Witness

Date

I, _____ hereby revoke the right for the Hoopa Valley Tribal Enrollment Department to use my DNA results to establish Paternity required for tribal enrollment without my written consent.

Initial: _____ I understand that I have the right to be notified of any requests and am aware that further use of my DNA results will be used at my discretion.

Signature

Date

Witness

Date