



United States Department of the Interior
Office of the Special Trustee for American Indians
 Palm Springs Field Office
 3700A Tachevah Dr Suite 202
 Palm Springs, CA 92262
 760.416.4167



AUTHORIZATION TO RELEASE TRUST INFORMATION

I _____, request that all information regarding my

IIM Account Land Ownership

be released to: _____ on my behalf.
 (Please print clearly)

I am authorizing the release to be in effect for a **period of one year** from the date of my signature.

Account Holder Signature: _____ Date: _____

IIM Account Number: _____ Date of Birth: _____

Social Security Number: _____ Phone Number: _____

Signature must be witnessed by a Department of the Interior or Office of the Special Trustee for American Indians Representative or must be NOTARIZED to be valid.

Witnessed by:

 Signature of DOI or OST Employee Print DOI/OST Employee Name

 Position Title Date

Notary of Account Holder's Signature or Thumbprint STATE OF: _____ COUNTY OF: _____

On this _____ day of _____, 20____.

Personally appeared before me and signed the foregoing instrument.
 And I acknowledge that he/she signed the same.

 NOTARY PUBLIC Signature Printed Name of Notary Public
 State of: _____ My commission expires: _____

Please note: We must receive the original document with original signature. OST will not accept faxed copies. If you need any assistance in filling out this form or have questions, please call us at the number at the top of this form.