



Chevak Traditional Council
 P.O. Box 140 | 200 Aurora Street
 Chevak, Alaska 99563
 P 907-858-7428 | F 907-858-7812
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RELINQUISHMENT
for Minor

Full Name _____ Date of Birth _____
 Mailing Address _____ Enrollment # _____
 City, State, Zip _____ Phone _____
 Email _____
 Reason(s) for relinquishment _____

I hereby request relinquishment for my biological or legally adopted child from the Chevak Native Village Tribe. This request for cancellation of membership is made with full understanding that henceforth he/she shall cease to hold services that may be provided from Chevak Native Village.

 Parent/Legal Guardian Printed Name

 Parent/Legal Guardian Signature

 Date

Completed forms are forwarded to the Tribal Council for final approval at regular meetings held monthly.

ACTION

APPROVED DENIED Reason if Denied _____

 Approving Authority

 Date