



SOKAOGON CHIPPEWA TRIBAL ENROLLMENT DEPARTMENT

Date:				
AUTHORIZATION FOR RELEASE OF INFORMATION				
CDIB	BC/Marri	age Cert.	Other	
Tribal ID #	Individua	ıl Request		
Name:		DOB:		
Date Needed:	SS	N:		
I, the undersigned, hereby request and authorized obtain/release/exchange the following information. 1. What record is being requested? 2. Who (Third party) is requesting this is	ion verballyv	vritten or faxed	l Enrollment De :	epartment to
From/To/Between (name, address, phone, fax):				FOR THE MAN TO ANY THE CONTRACTOR OF THE CONTRAC
For the Purpose of:				
I am aware that this information will remain counless an earlier date is specified in the following revoked by me at anytime and that information information be held responsible for such act. I have arise from this act. I am aware that this information 92.05 and 92.06.	ng space: released prior to re nereby release the p	. Furthermore, I vocation cannot be retrieve providing facility from all le	understand that ed, nor can the a egal responsibili	this consent may be gency releasing said ities or liability that
To the recipient of information: This information has been disclosed to you from (42CFT, Part 2) prohibits you from making any pertains or as otherwise permitted by such regu NOT sufficient for this purpose.	further disclosure	of it without the specific co	onsent of the per	rson to whom it
Signature of Tribal Member	Date	Signature of Witness		Date
Signature of Parent, Guardian, or Legal Representative	Date	Signature of Revocation		Date