



**Faron Jackson, Sr.**, Chairman  
**Leonard Fineday**, Secretary/Treasurer  
**Kyle Fairbanks**, District I Representative  
**Steve White**, District II Representative  
**LeRoy Staples Fairbanks III**, District III Representative

---

## Office of Tribal Enrollment

### Consent for Release of Confidential Information

Client Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

I, \_\_\_\_\_ Authorize \_\_\_\_\_

To disclose to \_\_\_\_\_ the following information.  
*(Person/Organization requiring disclosure)*

#### Nature of Information

The purpose of this request is \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that my records are protected under the appropriate Privacy Laws and cannot be disclosed to any other party without my written consent. I further understand this consent expires automatically three months from the date below.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Intake Signature \_\_\_\_\_ Date \_\_\_\_\_