

APPLICANT'S CONSENT FOR RELEASE OF INFORMATION

I, _____, being of the legal age of eighteen (18) years or older, voluntarily give my consent to release the following information or records about myself and/or my child to the Caddo Nation Enrollment Department:

- Enrollment information on myself
- Enrollment information on my minor child *(as a custodial parent or guardian)*
- Receipt of any money or land from the _____ *(as an adult)*.
(Name of Applicant's Affiliated Tribe or Tribal Nation)

By signing below, I certify that I am the individual to whom the information or records apply. I understand that by signing this consent form, it is an unconditional release of information to be used in manner so deemed appropriate by the Caddo Nation Enrollment Department. I also agree to hold harmless the Caddo Nation Enrollment Personnel and the Caddo Nation Council for any claims or injury that may occur as a result of the release of this information.

SIGNATURE OF APPLICANT/GUARDIAN

DATE

PRINTED NAME

MINOR'S NAME

Caddo Nation Enrollment Department

PO Box 487

Binger, OK 73009

P- (405)345-9861

F- (405)656-0960