

**Lac Courte Oreilles**  
**Inflation Assistance Payment to LCO Tribal Members**  
**Authorization to Release Check Form**

I, \_\_\_\_\_, Enrollment ID# \_\_\_\_\_, am certifying that I am unable to pick up my Inflation Assistance check myself. I am authorizing the individual listed below to pick up my Inflation Assistance Payment. I also understand that by signing this form, I release LCO of any liability for the check once it is given to the person I have identified and authorized to pick up the check for me. If you are unavailable for an in-person pick up of the Inflation Assistance Payment, please check one of the applicable boxes below:

Active Military     Assisted Living     Hospital     Incarcerated

Person I have authorized on my behalf to pick up my LCO Inflation Assistance Payment is listed below:

\_\_\_\_\_  
**Printed Full Name** (first, middle, last)

\_\_\_\_\_  
**Address**

**\*\*Person authorized to pick up the check must have ID to verify they are the person designated by the individual who turned in their form.**

I authorize the person listed above to pick up my Inflation Assistance Payment check on my behalf. (please sign, print, and date this form below in the presence of a notary).

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**NOTARY**

Signed or attested to before me on this \_\_\_\_ day of \_\_\_\_\_, 2023,

by \_\_\_\_\_

in \_\_\_\_\_ County, State of \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

My commission (is permanent) (expires: \_\_\_\_\_).

I, \_\_\_\_\_ submitted an ID to verify my identity and verification I picked up the Inflation Assistance Payment check on behalf of

\_\_\_\_\_ on \_\_\_\_\_, 2023.

\_\_\_\_\_  
Signature