Lac Courte Oreilles Enrollment Department

Release of Information

FOR ENROLLED TRIBAL MEMBERS ONLY

Please print legibly and fill all areas

Release of information for a minor under the age of 18 years must be completed by the parent or legal guardian with the submission of a copy of a legal document showing custody/guardianship of the minor. Release of information for an incompetent adult may be requested by a legal guardian with the submission of a copy of a legal document showing adult guardianship of the adult.

Full Name: _____ **SSN:** _____

Enrollment Number: _____ **Date of Birth:** _____

Phone Number: _____ **Email Address:** _____

Mailing Address: _____

_____

I hereby authorize the LCO Enrollment Department to release the following information for:

☐ **Self** ☐ **Minor child/dren** ☐ **Adult member (I am legal Guardian/representative)**

Full Name	Date of Birth	Enrollment #

Requested Information

I give the LCO Enrollment Department permission to release the following information:

- ☐ Certificate of Indian Blood
- ☐ Certificate of Tribal Enrollment
- ☐ Other: _____

Reason for Request

Please indicate the reason for needing information (check one):

- ☐ Legal Purposes
- ☐ Employment
- ☐ Health Care Verification
- ☐ School/Education
- ☐ LCO Program (list program): _____
- ☐ Other: _____

LAC COURTE OREILLES Enrollment Department

Method of Release

- ☐ In-person pickup by: _____
- ☐ Mail to:
  - Name: _____
  - Address: _____
  - _____
- ☐ Fax to:
  - Name: _____
  - Fax Number: _____
- ☐ Email to: _____

Acknowledgement and Certification

By signing below, I acknowledge that I have requested the information listed above and attest that:

☐ I have read this Release form or have had this Release form read to me.
☐ The information being requested are official records and must be protected from loss, damage, unauthorized use, or disclosure.
☐ I understand that this Release is voluntary and that I will not hold the LCO Enrollment Department liable for any information that may be released by the person/agency receiving the information.
☐ The Release of Information shall expire after being fulfilled as requested.
☐ I certify that the information provided on this request form is true and accurate to the best of my knowledge.

I hereby authorize the LCO Enrollment Department to release the information as stated above.

Signature: _____ **Date:** _____

Parent/Guardian must sign below: ***Guardianship paperwork must be on file***

Parent/Guardian Name: _____

Signature: _____ **Date:** _____

Relationship to Applicant: _____

Enrollment Department Use Only:

- ☐ **Document(s) Released By:** _____
- ☐ **Date of Release:** _____
- ☐ **ID Verified**
- ☐ **Copy Retained on File**
- ☐ **Release Logged into Progeny on:**