



RELEASE FOR TRIBAL MEMBER PERSONAL INFORMATION

Section 1 — TRIBAL MEMBER (Please Print)		
Last:	First:	MI:
Maiden/Other Name:	Date of Birth:	Enrollment #:
Indian Name:		
Address:		
City:	State:	Zip:

Section 2 — PERMISSIONS		
I give FCPC Enrollment permission to release the following information:		
<input type="checkbox"/> Verification of Enrollment Report/ Tribal Enrollment Number	<input type="checkbox"/> CIB	<input type="checkbox"/> Application* <input type="checkbox"/> Family Tree*
<i>* = Not Available for Minor Request</i>		
Provide requested information by: (choose one)		
<input type="checkbox"/> In-Person Pick Up	Name (must provide photo ID):	Relationship:
<input type="checkbox"/> Fax	Attention:	Fax #:
<input type="checkbox"/> Email	Attention:	Email:
<input type="checkbox"/> Mail	Name:	
	Address:	
	City:	State:

Section 3 — REQUESTER INFORMATION	
Signature of Requester _____	Date _____
Requester Name (please print) _____	
If not requesting personal information for yourself, please indicate your relationship to the Tribal Member.	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian (Please provide supporting documentation)	

INTERNAL OFFICE USE ONLY	
Released by _____	Date _____