

# Wichita and Affiliated Tribes ENROLLMENT



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## RELEASE OF INFORMATION

Please be advised that you cannot request records for another individual, unless it is your minor child. Enrollment records contain certain protected information that requires authorization by the individual for release. Confidentiality of all records will be strictly adhered to and protected. This is a consent for 'Release of Information' for (please print the name you are enrolled under):

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Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

***I authorize the Wichita and Affiliated Tribes Enrollment Officer to release the following specific information from my enrollment records (if available):***

CDIB card       Birth Certificate       Social Security card       Other

To the following Agency and/or Entity: \_\_\_\_\_

I request that the information be:  Faxed to (include phone #): \_\_\_\_\_

Mailed to: \_\_\_\_\_

E-mail to: \_\_\_\_\_

***Or, I am requesting that a copy of my enrollment documents (please choose above) be mailed or e-mailed to the following address (PLEASE PRINT):***

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*I understand that I can revoke this consent in writing to both the person giving and the person receiving the information. I understand the requested or provided information is needed to determine eligibility for housing, health, education, and/or other Social Services. This consent is valid for one time use only and is not automatically renewable. It expires automatically upon receipt of the information requested. By my signature below, I affirm that I have read this release or it has been read to me and I understand its content.*

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*Signature of Requestor*

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*Date*