

REQUEST FOR RELEASE OF INFORMATION

Clients Name: _____ Date of Birth: _____

Social Security No: _____

A) I give my permission to: KAIBAB BAND OF PAIUTE INDIANS ENROLLMENT OFFICE

To RELEASE information to the following persons (list agency that person is associated with):

1. _____
2. _____
3. _____

B) Specific information to be released is as followed:

This information is to be released for the purpose stated above and may not be used by the recipients for any other purpose. Any person who knowingly and willfully requests or obtains any record concerning an individual from a Federal agency under false pretenses shall be guilty of misdemeanor (5 U.S.C. 552z(iX3)). In the case of alcohol and drug abuse patient records a falsified authorization of disclose is also prohibited under 42 CFR 2.31 (d).

CLIENT'S SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

THIS RELEASE OR REQUEST OF INFORMATION IS VALID UNTIL: _____