



**WHITE EARTH RESERVATION TRIBAL  
COUNCIL**  
P.O. Box 418  
White Earth, Minnesota 56591

**Release of Information**

Name: \_\_\_\_\_ Maiden/former name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date: \_\_\_\_\_ Soc. Sec. No: \_\_\_\_\_ Home Phone: \_\_\_\_\_

I authorize release of specified documents to the following individual/Organization:

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Information to be:  Emailed \_\_\_\_\_

Mailed  Picked up by: \_\_\_\_\_  Faxed \_\_\_\_\_

(Name)

Information to be release: (**Only specified documents will be released**).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Information may be communicated in the following manner:  Oral  Written

This authorization shall be in effect for 12 months following the date of signature.

I understand that I may revoke this consent at any time by notifying the W.E. Human Resource Department in writing, except to the extent that action has already been taken in reliance on it and that in any event this consent expires automatically as described above.

Signature Lines:

\_\_\_\_\_  
Authorization Signature

\_\_\_\_\_  
Date

For Office Use Only

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

(Name, Title)

Date documents released: \_\_\_\_\_ Released via (circle) : Mail Phone Fax Email