



**Iowa Tribe of Oklahoma
Enrollment Department**

Consent for Release of Information

I, _____, being of legal age of eighteen (18) years of age or older, voluntarily give my consent to release enrollment and financial records about myself and or my minor child(ren) to the Iowa Tribe of Oklahoma Enrollment Department, for the purpose of checking Dual Enrollment.

By signing below, I certify that I am the individual to whom the information or records apply. I understand that by signing this consent form, it is an unconditional release of information to be used in any manner so deemed appropriate by the Iowa Tribe of Oklahoma Enrollment Department. As such, I have agreed to hold harmless, the Iowa Tribe of Oklahoma Enrollment Department employees and Business Committee for any claims of injury that might occur as a result of the release of this information.

Signature

Date

Printed Name

Birth Date

Childs Name

Social Security Number

Iowa Tribe of Oklahoma
335588 E 750 Road
Perkins, OK 74059
Phone: (405) 547-2402 Ext. 2007
Fax: (405) 547-1032