



SHAWNEE TRIBE

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT:

I authorize and direct the Shawnee Tribe to gather information or materials needed to complete and verify my application for participation in and/or to maintain my continued assistance under the Shawnee Tribe services and programs.

INFORMATION COVERED:

I understand that previous or current information regarding my household or myself may be needed. Verification and inquiries that may be requested include, but are not limited to:

Identity and Marital Status	Medical or Child Care Allowances
Employment, Income, and Assets	Residence and Rental Activity
Credit History	Criminal and Drug Activity

GROUPS OR INDIVIDUALS THAT MAY BE ASKED:

Previous Landlords	Courts and Post Offices
Schools and Colleges	Law Enforcement Agencies
Support and Alimony Providers	Past and Present Employers
Welfare Agencies	State Unemployment Agencies
Social Security Administration	Medical and Child Care Providers
Veterans Administration	Retirement Systems
Utility Companies	Banks, Credit Bureaus
Credit Providers	

Authorization includes, but is not limited, to the groups listed above.

CONDITIONS:

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of the authorization is on file with the Shawnee Tribe Child Care Department and will stay in effect as long as services are received.

Primary Applicant

Date

Print Name