



Tolowa Dee-ni' Nation Education Department

Physical: 110C W. First Street, Smith River, CA 95567-9525
Mailing: 140 Rowdy Creek Road, Smith River, CA 95567-9525
Phone:(707) 487-9255, Ext 1190 or 1550 Fax: (707) 487-0930

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Name (Print): _____

Address: _____

Birthdate: _____ Social Security Number: _____

The above named individual hereby authorizes Tolowa Dee-ni' Nation Education Department to release any and all relevant confidential information.

PURPOSE OF RELEASE: *(Initial all that apply)*

_____ Facilitate mediation process

_____ Verify enrollment in higher education program

_____ Obtain grades, schedule and/or unofficial transcript

_____ Other _____

RELEASE OF LIABILITY:

_____ I understand that this information is or may be protected by federal, Tribal or other regulations and hereby release Tolowa Dee-ni' Nation Education Department and the individual named above from any liability associated with the release of such information. I hereby waive any student-college/university privacy privilege with respect to the records and/or information released to Tolowa Dee-ni' Nation.

REVOCACTION:

_____ I understand that I may revoke the above consents at any time, except to the extent that action has been taken in reliance on this consent prior to revocation.

TERMINATION: This authorization terminates twelve (12) months from the date of execution. A copy of this form shall be considered valid as an original.

Applicant Signature

Date

Education Department Signature

Date

*Waa-saa-ghithl-'a~ Wee-ni Naa-ch'aa-ghithl-ni
Our Heritage Is Why We Are Strong*