



**Kickapoo Tribe of Oklahoma
 Enrollment Department
 P.O. Box 70
 McLoud, OK 74851
 (405) 964-5418**

CONSENT FOR RELEASE OF INFORMATION

I, _____ being of the legal age of eighteen (18) years or older, voluntarily give my consent to release the following information or records about myself and/or child to the KICKAPOO TRIBE OF OKLAHOMA Enrollment Department

- Enrollment information on myself
- Enrollment information on my minor child (as a custodial parent or guardian)
- Receipt of any money or land from the _____ as an adult
 (Tribe/ Nation)

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 manner so deemed appropriate by the Kickapoo Tribe of Oklahoma Enrollment Department. I also agree to hold harmless the Kickapoo Tribe of Oklahoma Enrollment Personnel and the Kickapoo Tribe of Oklahoma Business Committee for any claims or injury that may occur as a result of the release of this information.

 Signature

 DATE

 PRINTED NAME

 MINOR'S NAME