

CRIMINAL HISTORY BACKGROUND CHECK AUTHORIZATION

To: Confederated Tribes of Siletz Indians

I, _____
(Applicant)

1. I hereby authorize and request all persons to whom this request is presented having information relating to or concerning me to furnish such information to a duly appointed agent of the Confederated Tribes of Siletz Indians, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
2. I hereby authorize and request all persons to whom this request is presented having documents relating to or concerning me to permit a duly appointed agent of the Confederated Tribes of Siletz Indians to review and copy any such documents, whether or not such documents would otherwise be protected by any constitutional, statutory, or common law
3. If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of the same, I hereby authorize and request that a duly appointed agent of the Confederated Tribes of Siletz Indians be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including but not limited to past loan information, notes co-signed by me, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.
4. I do hereby make, constitute, and appoint any duly appointed agent of the Confederated Tribes of Siletz Indians my true and lawful attorney in fact for me in my name, place, stead, and on my behalf and for my benefit:
 - (a) To request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents, and information in the possession of the person to whom this request is presented as I might;
 - (b) To name the person or entity to whom this request is presented and insert that person's name in the appropriate location on this request;
 - (c) To place the person or entity to whom this request is presented and insert that person's name in the appropriate location on this request.

5. I do for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise and forever discharge the person to whom this request is presented and his agents and employees from all manners of action, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have or claim to have against the person to whom this request is presented or his agents or employees arising out of or by reason of complying with this request.

6. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

7. A reproduction of this request by the Xerox or similar process shall be for all intents and purposes as valid as the original.

Name _____
(Last Name, First Name Middle Initial)

Alias or Maiden Name _____

Driver's License # _____ Exp _____ State _____

Street Address _____ **City** _____ **State** _____

Zip Code _____

P.O. Box Address _____ **City** _____ **State** _____

Zip Code _____ Please list additional address for other states (pg 3)

Social Security # _____ Date of Birth _____
Month/Day/Year

Height _____ Weight _____ Eye Color _____ Hair Color _____ Sex _____

(Applicant's Signature)

(Date)

Please fill in if you have lived in other States than Oregon

Street Address _____ **City** _____ **State** _____

Zip Code _____

P.O. Box Address _____ **City** _____ **State** _____

Zip Code _____

Street Address _____ **City** _____ **State** _____

Zip Code _____

P.O. Box Address _____ **City** _____ **State** _____

Zip Code _____

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Zip Code _____

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Zip Code _____

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Zip Code _____

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Zip Code _____