



**Confederated Tribes of Siletz Indians
Enrollment Department**

Post Office Box 549 - 201 SE Swan Ave
Siletz, Oregon 97380-0549

Telephone (541)444-8258 Toll Free 1-800-922-1399
Facsimile (541)444-8296

AUTHORIZATION FOR USE OR DISCLOSURE OF ENROLLMENT INFORMATION

1) I, _____, hereby voluntarily authorize the disclosure of information from my enrollment record # _____

Or that of my minor child, _____, roll number _____
_____, roll number _____
_____, roll number _____
_____, roll number _____

Or that of _____, roll number _____, of whom I am the legal guardian and/or Power of Attorney (please attach documentation if not on file).

2) The information is to be disclosed by:

CTSI – Enrollment Department
201 SE Swan Ave
PO Box 549
Siletz, OR 97380

AND IS TO BE PROVIDED TO:

Name of Person/Organization/Facility: _____
Address: _____
City, State Zip: _____
Fax Number: _____

3) The purpose for the need for this disclosure: _____

4) The information to be disclosed from my/his/her Enrollment Record: (initial applicable boxes)

Copy of Birth Certificate Entire Enrollment File

Other (specify): _____

5) I understand that this release is a one-time release for the sole purpose and use of the tribal member and/or guardian, dated, ____/____/____.

6)

Signature Date