



**CONFEDERATED TRIBES OF SILETZ INDIANS
USDA FOOD DISTRIBUTION PROGRAM (FDP)**

AUTHORIZATION FOR RELEASE OF INFORMATION

>Please read and sign form at bottom<

1. The food Distribution Program on Indian Reservations is a program funded by the United States Department of Agriculture. As a participant in this program, the Confederated Tribes of Siletz Indians of Oregon hereby request the disclosure of information regarding _____.

2. The information is to be released from:

Name / Program: _____

Address: _____

City / State: _____ Zip Code _____

Contact Person: _____ Phone: _____

And is to be provided to: **CTSI – USDA
P.O. Box 549
Siletz, Oregon 97380**

The purpose and need for this disclosure is:

Continued eligibility in the USDA Food Distribution Program.

**If you have any questions please feel free to contact us at:
1-800-922-1399 ext. 1393 or (503) 444-8393**

HEAD OF HOUSEHOLD SIGNATURE

HOUSEHOLD MEMBER SIGNATURE OVER 18

HOUSEHOLD MEMBER SIGNATURE OVER 18

USDA FDP _____

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