

**Orutsararmiut Native Council**

P.O. Box 927  
Bethel, AK 99559  
(907) 543-2608  
Fax (907) 543-2639

**Release of Information**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

P.O. Box \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number: \_\_\_\_\_ email: \_\_\_\_\_

I authorize and request the release of any information necessary to verify or determine my eligibility for membership with the Orutsararmiut Native Council.

I certify that the information I have provided is true to the best of my knowledge. I understand that falsifying any information can be cause for loss of tribal membership.

I authorize this release to any organization for the purpose of processing my application.

This release will remain effective until I make it in writing, that ONC no longer has my permission to obtain my personal information.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature (if minor, parent or guardian must sign.)

\_\_\_\_\_  
Date