



**Cheyenne and Arapaho Tribes  
Department of Enrollment  
CONSENT FOR RELEASE OF INFORMATION**

By signing below, I certify that I am the individual to whom the information applies or that person's parent or legal guardian. I understand this is an unconditional release of information, to be used in a manner so deemed appropriate by the Cheyenne and Arapaho Tribes, Department of Enrollment. I agree to hold harmless the Cheyenne and Arapaho Tribes Enrollment Personnel, for any claims or injury that may occur as a result of this information. I agree that it is punishable by fine and/or imprisonment to make any false representations to obtain information from these records.

Full Name: \_\_\_\_\_ Roll #: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

*I voluntarily consent to the release of information regarding membership status, and/or the membership status of a minor child, from the Cheyenne and Arapaho Tribes, Department of Enrollment.*

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

**(NOTARIZATION REQUIRED)**

NOTARY PUBLIC

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public's Signature

(SEAL)