



**RELEASE OF IIM INFORMATION**

I, \_\_\_\_\_ hereby authorize the Office of the Special Trustee for American Indian of the Department of the Interior (OST) to disclose my Individual Indian Money (IIM) Account Information of the Cheyenne and Arapaho Tribes Social Services Program only. This release does not authorize OST to send information to any other agency (federal, state, or tribe). I understand this authorization is voluntary.

I understand that I may revoke this authorization in writing at any time, except to the extent action has already been taking in reliance on it. I understand that the authorization will expire 12 months from the date signed. I understand the requested information will be used to determine eligibility for assistance with the Cheyenne and Arapaho Tribes Social Services Program and my signature allows tribal programs to share my information to determine eligibility. I authorize OST to provide IIM income print out information from the past 12 months to today's date of \_\_\_\_\_, 2018.

Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_ IIM# \_\_\_\_\_

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

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**PLEASE NOTARIZE BELOW:**

SEAL

State of Oklahoma  
County of \_\_\_\_\_

Signed and/or attested before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Commission #: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public



**Request and Authorization to Release Information**

I hereby do authorize the Cheyenne & Arapaho Tribes Food Distribution Program to be provided all information to substantiate income, benefits, or other areas named below. I understand this information is required for inclusion in my personal file, to verify my eligibility in the program.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

- To : CHEYENNE & ARAPAHO TRIBES – SOCIAL SERVICES PROGRAM – Community Service Block Program
- To CONCHO AGENCY, P.O. BOX 68, EL RENO, OK 73036,
- ATTENTION IIM OFFICE:

FOR IIM ACCOUNT INFORMATION: IIM #: \_\_\_\_\_

INCOME VERIFICATION: IIM ACCOUNT PRINT OUT FOR THE LAST 6 MONTHS

- To C & A TRIBES TRIBAL ENROLLMENT DEPARTMENT:  
FOR CDID TRIBAL ROLL #:  
(Please attach certificate)

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Witness used only if signatures are made by mark or needed verification)

**Certification Personnel:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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(REV. 2/2019)