



YUOK TRIBE REQUEST FOR RELEASE OF INFORMATION

I hereby authorize the release of information to the Enrollment Department of the Yurok Tribe, including that deemed confidential, which concerns me, or my minor child _____.
child's name

I understand that this information will be kept confidential. It will be used for enrollment purposes only by the Enrollment Department staff.

APPLICANT'S SIGNATURE
(If the applicant is under the age of 18 this request must be signed by a parent or guardian.)

DATE

APPLICANT'S NAME (Print)

DATE OF BIRTH

Return this form to: Yurok Tribe, PO Box 1027, Klamath, CA 95548
Phone # (707) 482-1350 Fax # (707) 482-1371