**Absentee Shawnee Tribe of Oklahoma**

**Enrollment Office**

*Director Enrollment Specialist*

*Erica Masquat Fallon Jackson*

**Consent to Release**

(Must have prior approval from file holder or their legal guardian before information or documents are released).

Full Name:

First Middle Last

Name of individuals file: Relationship:

Reason:

Items received:

Signature Date

Office Use Only

Verified: Yes No By: Phone In Person

Verified by: Initials: Title: