

Please return inquiries to the contact checked below:



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RELEASE OF INFORMATION

Name: _____

Student ID Number: _____ Date of Birth: _____

To Whom It May Concern:

I, _____ do hereby authorize the release of any and all information regarding my case file as it relates to the eligibility/application for assistance from the Confederated Tribes of Siletz Indians (CTSI), for the Academic Year 20__-20__. This authorization includes but is not limited to the following:

- ❖ Grade Reports, transcripts and progress reports
- ❖ Attendance verification
- ❖ Financial aid transcripts and budget summaries
- ❖ Personal reports, program participation and/or requirements

I permit the information to be released to the Confederated Tribes of Siletz Indians (CTSI) Education Department.

x

Signature of Student

Date

I authorize the Confederated Tribes of Siletz Indians to release information from my education file to my school or other programs that I am participating in.

x

Signature of Student

Date

I consent to having my name and/or picture placed in the Siletz News and local tribal newsletters for any educational accomplishments that I may achieve.

x

Signature of Student

Date