

## APPLICANT'S CONSENT FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, being of the legal age of eighteen (18) years or older, voluntarily give my consent to release the following information or records about myself and/or my child to the Caddo Nation Enrollment Department:

- Enrollment information on myself
- Enrollment information on my minor child *(as a custodial parent or guardian)*
- Receipt of any money or land from the \_\_\_\_\_ *(as an adult)*.  
*(Name of Applicant's Affiliated Tribe or Tribal Nation)*

**By signing below, I certify that I am the individual to whom the information or records apply. I understand that by signing this consent form, it is an unconditional release of information to be used in manner so deemed appropriate by the Caddo Nation Enrollment Department. I also agree to hold harmless the Caddo Nation Enrollment Personnel and the Caddo Nation Council for any claims or injury that may occur as a result of the release of this information.**

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SIGNATURE OF APPLICANT/GUARDIAN

DATE

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PRINTED NAME

MINOR'S NAME

### Caddo Nation Enrollment Department

PO Box 487

Binger, OK 73009

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