



## Release of Information

Roll Number: \_\_\_\_\_ or Birth Date: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

I give the Trust Enrollment Department of the Oneida Nation permission to release the following information:

Payment Verification: Year(s) \_\_\_\_\_

Tribal Certification Letter (Verification of Enrollment)

Other: \_\_\_\_\_

Provide requested information by: *(Choose one)*

Pick up: \_\_\_\_\_  
NAME - (MUST PROVIDE PICTURE ID) RELATIONSHIP

Fax to: \_\_\_\_\_ at \_\_\_\_\_  
ATTENTION FAX NUMBER

Email to: \_\_\_\_\_

Mail to: \_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY/STATE/ZIP

\_\_\_\_\_  
MEMBER SIGNATURE

\_\_\_\_\_  
DATE