

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO:

RE:

Name _____

Social Security Number _____

FROM/RETURN TO:

Thank you for your prompt response. All information is confidential.
Please contact _____
at _____ if you have any questions.

E-Mail: _____ Fax: _____

PERMISSION FOR RELEASE OF INFORMATION

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

Signature

Date

THIS SECTION TO BE COMPLETED BY OFFICIAL REPRESENTATIVE TRIBAL ENROLLMENT OR TRIBAL DESIGNATED OFFICIAL

This is to verify that the above named individual is an enrolled member of the _____
_____ (please state name of Tribe or Nation).

VERIFICATION OF PER CAPITA DISBURSEMENTS/GAMING REVENUE

I certify that Per Capita Disbursements/Gaming Revenue is presently disbursed to the above named enrolled Tribal member _____ times per in the amount of \$ _____ per disbursement.

The source of this income is from Per Capita Income Gaming revenue Disbursements:

The Per Capita or Gaming revenue Disbursements for the minor child is paid to
 Mother of the child Father of the child Guardian _____ 100% to IIM Account

If money is being held by the BIA in the individual trust account are they any restriction to the withdrawal of funds? Yes
 No, if yes what are the restrictions _____

I certify that we DO NOT issue Per Capita Disbursement/Gaming Revenue to individual enrolled member of this Tribe.

Signature Printed Name Date

Address/ City/State/Zip

Phone # Fax # E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

- 1st Request _____
- 2nd Request _____
- 3rd Request _____

Fax #: _____

Attn: _____