



BLACKFEET TRIBE
 ENROLLMENT/PER CAPITA DEPARTMENT
 P.O. BOX 850
 BROWNING, MONTANA 59417
 PH: (406) 338-3533 * FAX: (406) 338-5233

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Date: _____

I, _____, _____, am giving the Enrollment
Print Name (First, Middle, Last) Enrollment Number (and/or D.O.B.)
 Department permission to release confidential information about myself to the following individual(s) stated below;

Name(s): _____ Relationship to Member: _____

Organization: _____ For The Purpose Of: _____
(If applicable)

I am authorizing the following enrollment records to be released:

- _____ Birth Certificate _____ Certificate of Indian Blood _____ Enrollment I.D.
- _____ Address _____ Other (If minor children, need names & enrollment # or D.O.B):
- _____ Per Capita Check(s) _____
- _____
- _____
- _____

Signature: _____ Spouse Signature: _____
(If applicable)

 Due to our policy and procedures, your signature must be notarized before we can accept this form unless in person. Please mail this request to the above address. (Faxed requests can be accepted if properly notarized)

-Notary Public-

Appeared, subscribed and sworn before me, on this _____ day of _____, 20_____.

Office Use Only
 Date Received: _____
 ID Checked: _____
 Office Clerk: _____

 NOTARY PUBLIC FOR THE STATE OF: _____
 RESIDING AT: _____
 COMMISSION EXPIRES: _____