Release of Information

I,_____, authorize the Lummi Indian Business Council (LIBC) Enrollment Department, to contact and to obtain the following information.

1. **The person that I authorize information to be released is about:**

☐ MYSELF *(List any former name(s) and/or maiden name(s), listed with other tribal affiliations)*

FULL NAME | FIRST ▪ MIDDLE ▪ LAST	DATE OF BIRTH
	00/00/0000

☐ MY MINOR CHILD(REN) *(You must be the child(ren)'s biological parent or their legal guardian)*

FULL NAME | FIRST ▪ MIDDLE ▪ LAST	DATE OF BIRTH
1.	00/00/0000
2.	00/00/0000
3.	00/00/0000
4.	00/00/0000

2. **The information that I authorize to be provided to LIBC Enrollment Department is:** *(check all that apply)*

☐ Certificate of Indian Blood (CIB) ☐ Certificate of Degree of Indian Blood (CDIB)
☐ Family Tree Information ☐ Tribal Enrollment Verification/Enrollment Status

3. **The Tribe that I authorize to release this information to LIBC is:** *(list all tribe affiliations)*

BAND | NATION | TRIBE	CITY, STATE
ex: Lummi Nation	ex: Bellingham, WA

4. **The person and place where I request information be sent is:**

Attention: Patrick W. Jefferson
LIBC Enrollment Department

5. **This *RELEASE OF INFORMATION* is valid for as long as I am seeking enrollment, a member of Lummi Nation, or revoked by me, in writing.**

I certify that the information herein is true and correct.

Signature: _____ **Date:** 00/00/0000

Phone or Email: _____

Notary Statement

SUBSCRIBED AND SWORN TO before me this _____day of _____, 20____,
by a person known to me to be _____.

Name of Notary Public: _____

Signature of Notary Public: _____

Notary Public in and for the State of: _____

Residing in: _____

My Commission Expires: _____

NOTARY SEAL

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NOTARY SEAL