



Enrollment Office

2960 Tongass Avenue — Ketchikan, AK 99901
(907) 228-9335 Phone
1 (800) 852-4868 Fax
snelson@kictribe.org

AUTHORIZATION TO RELEASE INFORMATION

I request that Ketchikan Indian Community Enrollment Office provide the items checked below on my behalf.

- | | | |
|--|--|----------------------------------|
| <input type="checkbox"/> Enrollment Status | <input type="checkbox"/> Enrollment Number | <input type="checkbox"/> CTE/CIB |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Kinship Report | <input type="checkbox"/> Other |

Other: _____

AUTHORIZING STATEMENT:

I authorize the KIC Enrollment Office to share the information checked above with authorized personnel in the appropriate department of the KIC Tribal Health Clinic, Social Services Department Housing Authority, Behavioral Health or Education Department to support my proof of enrollment that may be required for use of services and benefits to its member's.

Send to Department: _____

Attention: _____

Fax: _____

PRIVACY ACT STATEMENT:

Enrollment Information of Ketchikan Indian Community Tribal members is confidential. All information shared through this form will remain confidential and will be part of my client records of the requesting department.

Name: _____ Birth Date: _____

Signature: _____ Date: _____

Mailing Address: _____

Residential Address: _____

City: _____ State: _____ Zip: _____