



Little Traverse Bay Bands of Odawa Indians

Enrollment Office
7500 Odawa Circle
Harbor Springs, MI 49740
(231) 242-1520 * (231) 242-1521
FAX (231) 242-1526



Authorization for Release of Information

➤ **FEE:\$ 1.00 first copy page, \$0.25 cents for each page thereafter.**
(please make check/money order payable to LTBB of Odawa Indians)

If the information being released is for LTBB Government services the copy fee is WAIVED

I, authorize the Little Traverse Bay Bands Enrollment Office to release the following documentation.

Documentation to be released: _____

Whose documents need to be released:

<u>Check below</u>	<u>Printed Name</u>	<u>Date of Birth</u>
<input type="checkbox"/> Myself	_____	____/____/____
<input type="checkbox"/> Minor	_____	____/____/____

Please supply the name and address **OR** fax number to whom the documents will be released

<u>Mailing Address</u>	<u>Fax Number</u>
Attn: _____	Attn: _____
Mailing address, city, state zip	Phone number: (area code) xxx-xxxx

Documents to be included with this form:

Requestor **must** provide identification, such as Tribal or State Identification Card, or State Driver's License. If you are the parent of a minor requesting documentation, you must provide your identification in addition to their identification. If you are the legal guardian of a minor requesting documentation, you must provide proof of guardianship in addition to their identification. This form must be completed in its entirety. **The LTBB Enrollment Office may decline your request if proof(s) of identification is not included with this request.**

This authorization will expire on _____ (list date) or unless revoked by requestor.

Signature of requestor

Date

Relationship to Tribal Citizen: Self Parent Legal Guardian
 Other, please list relationship _____

*For others, documentation available for requesting is limited.