

LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS
Housing Department
7500 Odawa Circle
Harbor Springs, MI 49740



RELEASE OF INFORMATION AGREEMENT

Name: _____
(Last) (First) (MI)

Maiden Name: _____ Alias: _____

Date of Birth: ____ / ____ / ____ Social Security Number: ____ / ____ / ____

Address: _____
(Street) (P.O. Box) (County)

(City) (State) (Zip)

Home Phone Number: ____ / ____ / ____

Work Phone Number: ____ / ____ / ____

Drivers License Number: _____

I hereby authorize my confidential benefit information to be released from the Social Security Administration and/or to release any confidential information between the agencies listed in this agreement:

Applicant / Client Signature: _____ (Date)

Co-Applicant Signature: _____ (Date)

Agencies Releasing Information To Each Other

Little Traverse Bay Bands of Odawa Indians
7500 Odawa Circle
Harbor Springs, MI 49740
Phone No: (231) 242-1540
Fax No: (231) 242-1550
Law Enforcement Agencies
Courts and Post Office
Tribal Social Services
Family Independent Agency
Current and Previous Employers

Utility Companies
Credit Providers / Bureaus
Current & Previous Landlords
Schools and Colleges
Support and Alimony Providers
Child Care Providers
Retirement Systems
Social Security Administration
State and Federal Lending Programs
Michigan Works/Unemployment Office