



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



Release of Information

*** First 3 pages no Charge - FEE: \$ 1.00 for each page thereafter. ***
(please make check/money order payable to LTBB of Odawa Indians)

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

Documentation to be released: _____

Whose documents need to be released:

Check below

Printed Name

Date of Birth

Myself _____

Minor _____

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

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

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. If you are the legal guardian of a minor requesting documentation, you must provide proof of guardianship. 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.**

Signature of requestor

Date

Relationship to Tribal Citizen: Self Parent Legal Guardian

Other, please list relationship _____

*For others, documentation available for requesting is limited.