



GWYJ DBF  
CHEROKEE NATION®

**Office of the Chief**

Bill John Baker  
Principal Chief

S. Joe Crittenden  
Deputy Principal Chief

AUTHORIZATION FOR RELEASE  
OF INFORMATION

I do hereby give my authorization to Cherokee Nation Child Care and Development Program to release information, as indicated below, to the person/agency requesting such documentation from my permanent records, for the following purpose and reason:

\_\_\_\_\_ Income Verification

Dates needed: \_\_\_\_\_  
(specify range of months or dates needed)

Name and contact of person/agency needing information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Clients Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return form to: Child Care and Development Program  
PO Box 948  
Tahlequah, Ok 74465

Attention: \_\_\_\_\_