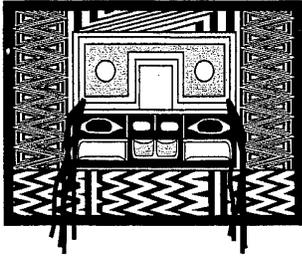


"Yee gu.aa yax x'wan."



CHILKAT INDIAN VILLAGE

AN INDIAN REORGANIZATION ACT VILLAGE UNDER ACT OF CONGRESS JUNE 15, 1935

32 Chilkat Ave, Klukwan, Alaska

P.O. Box 210, Haines, AK 99827

PHONE: 907-767-5505

FAX: 907-767-5518

email: klukwan@wytbear.com

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, authorize the release of information requested by the Chilkat Indian Village or it's representatives within the Tribal Services Program. The requested information shall be used solely in the administration of the Tribal Services Assistance Programs, and will not be released to any other person or agency outside of the Chilkat Indian Village's Tribal Services Program.

Persons or organizations that may be contacted include, but are not limited to:
Local governments, Tribal Governments, Regional Health Organizations, Health care providers, Native Corporations, Alaska State Housing Authority, tax assessors, financial institutions, stock brokerage firms, landlords, employers, school authorities, The Department Of Law, The Department Of Fish And Game, The Department Of Labor, the Department of Military Affairs, and private individuals.

A REPRODUCTION OF THIS RELEASE IS AS VALID AS THE ORIGINAL

✱ _____
Your Signature

Witness Signature If Signed With An X

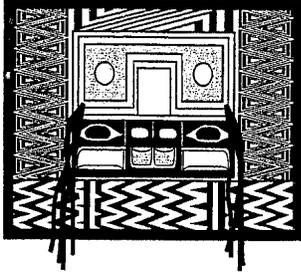
✱ _____
Printed Name

Printed Name of Witness

✱ _____
Social Security Number

✱ _____
Date

"Yee gu.aa yax x'wan."



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AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION

I, _____
Name of Student _____ Social security Number _____

Authorize _____
College, University, Institute or Agency Contact Person

To release the following confidential Information to Chilkat Indian Village, Tribal Human and Education Services, ATTENTION: Scholarships, P.O. Box 210, Haines, Alaska 99827

_____ Transcript

_____ Progress Report

_____ Certificate of Completion

_____ Termination/Suspension Notification

Signed: _____ Date: _____
Signature of Student

