



**Osage Tribal Works Department
Housing Program**

627 Grandview
Pawhuska, OK 74056
Phone: (918) 287-5310
Fax: (918) 287-5568

Authorization to Release Information

I hereby give permission for the Osage Nation Tribal Works Department and other entities to release and receive client information within the Osage Nation Departments/Programs, and other entities, to be used to benefit and assist in determining my eligibility for services.

Signature					Date:
Physical Address:	Street	City	State	Zip	Date of Birth:
Mailing Address:	Street	City	State	Zip	Social Security Number:

{State of OKLAHOMA}
{County of OSAGE}

On this _____ day of _____, 20__ before me, the undersigned, a Notary Public in and for the County and State aforesaid, personally appeared _____ to me known to be the identical persons and acknowledged to me that they executed the same as their free and voluntary act and deed, for the used and purposes therein set forth.

Given under my hand and seal the day and year last above written.

NOTARY PUBLIC

Commission expiration: _____.

Commission number: _____.