



# RELEASE OF INFORMATION APPLICATION

Osage Nation

Membership Office

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[CDIB@osagenation-nsn.gov](mailto:CDIB@osagenation-nsn.gov)

**MUST SUBMIT A PHOTO ID IF MAILING OR FAXING IN APPLICATION.**

1. Driver's License
2. Social Security card (if no driver's license)
3. Tribal photo ID

Please list

Type of Document: \_\_\_\_\_

Release to whom: \_\_\_\_\_

Why: \_\_\_\_\_

### Applicant Information

*Please write the name of the applicant*

Full Name: \_\_\_\_\_

Last	First	M.I.	Maiden Name
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Address: \_\_\_\_\_

Street Address	Apartment/Unit #
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City	State	ZIP Code
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DOB: \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Applicant or Guardian  
*(Must sign application if you are 18yrs or older).*

Date

### For office use only

RECEIVED VIA:

WALK-IN   MAIL   FAX   EMAIL

\_\_\_\_\_  
DATE ISSUED

\_\_\_\_\_  
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