



Choctaw Nation of Oklahoma

Children and Family Services

PO Box 1210 Durant, OK 74702

Authorization for Release of Information / Records

All Choctaw Nation Resource applicants are required to submit to a background check regarding any criminal activity. This is for your protection and the protection of the children. Please sign below.

Name:		
Address:		
City:	State:	Zip Code:
County:		

To whom it may concern:

In connection with the services being provided to me at the Choctaw Nation of Oklahoma, Children and Family services program, I authorize the Choctaw Nation, Children and Family Services Program to contact the sources checked for additional information:

- | | |
|---|--|
| <input type="checkbox"/> Department of Human Services | <input type="checkbox"/> Employers |
| <input type="checkbox"/> Personal References | <input type="checkbox"/> Medical Records |
| <input type="checkbox"/> Law Enforcement | |
| <input type="checkbox"/> Other: Please specify | |

I hereby authorize the sources checked above to release any information by the Choctaw Nation, Children and Family Services Program to support my application for eligibility.

It is my understanding that all information concerning me will be treated as confidential by the Choctaw Nation. That it will be given to other persons and agencies only to the extent to give adequate consideration to my application for eligibility for services and / or assistance.

Applicant Signature	Date:
Applicant Signature	Date: