



Johnson O'Malley Application (JOM)

Student's Name _____ Grade _____

Address _____ Phone # _____

City/State/Zip _____

Tribal Affiliation: _____

Parent/Guardian _____

Date of Birth _____

Name & Address of School

Release of Information

To Whom It May Concern:

I, _____, do hereby authorize the release of any and all information regarding _____ file, as it relates to the eligibility/application for assistance from the Cow Creek Band of Umpqua Tribe of Indians. This authorization includes, but is not limited to, any and all information relevant to the management of the Cow Creek Educational Program.

This information is permitted to be released to the following individuals and institutions:

Education Director
Tribal Administrator
Education Committee
Board of Directors

Parent/Guardian Signature Date

Send completed applications to:
Cow Creek Band of Umpqua Tribe of Indians
Attn: Education Director
2371 N.E. Stephens Street, Suite 100
Roseburg, OR 97470
1-800-929-8229/677-5575
Fax# 541-677-5574

