

**Cow Creek Band of
Umpqua Tribe of Indians
Education Programs**

RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

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

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

Education Director

Tribal Administrator

Education Committee

Board of Directors

Signature of Student

Date

**2371 N.E. Stephens Street, Suite 100
Roseburg, OR 97470
1-800-929-8229/677-5575
Fax# 541-677-5574**

