



**RELEASE OF INFORMATION**

**Address:**

23701 South 655 Road, Hwy 10  
Phone: (918) 787-5452 Ext 204  
Grove, OK 74344

**Phone:**

**Shaun Moore - Human Resource & Education Clerk**  
(918) 787-5452 Ext. 204 (Any inquiries regarding Education)

**Email:**

[Shaun Moore \[smoore@sctribe.com\]](mailto:smoore@sctribe.com)  
[Carol Brown \[cbrown@sctribe.com\]](mailto:cbrown@sctribe.com)

**Carol Brown - Human Resource & Education Manager**  
(918) 787-5452 Ext. 203  
Toll Free: (866) 787-5452  
Fax: (918) 787-6804

I, \_\_\_\_\_, hereby authorize the Seneca-Cayuga Nation Education Program to release information pertaining to my status as a student receiving financial aid to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For the purpose**

**Of:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that this authorization shall remain valid from the date of my signature below until I revoke this authorization by written communication to the Seneca-Cayuga Nation Education Program. I certify that I fully understand the contents of this form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Date**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**My commission expires:**

\_\_\_\_\_  
**Notary Public**