

SENECA - CAYUGA NATION

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RELEASE OF INFORMATION

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