



# SHERWOOD VALLEY BAND OF POMO INDIANS

## RELEASE OF INFORMATION

APPLICANT'S NAME	APPLICANT'S BIRTHDATE
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I, \_\_\_\_\_, do hereby authorize and  
(PRINT NAME)  
request the BUREAU OF INDIAN AFFAIRS to release to SHERWOOD VALLEY RANCHERIA  
BAND OF POMO INDIANS, ENROLLMENT OFFICE any and all records, reports, charts, notes,  
etc., concerning the enrollment and familial records of the above-named applicant.

The disclosure of this information is required for the investigation and pursuit of administrative  
action in matters concerning tribal enrollment with the SHERWOOD VALLEY RANCHERIA BAND  
OF POMO INDIANS.

This authorization expires on \_\_\_\_\_, or twelve (12) months from the date of  
(DATE)  
signature, whichever is sooner.

Photocopies of this authorization shall be considered as valid as an original. I understand that I  
may receive copy of this authorization.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**CHECK ONE:**  APPLICANT  PARENT  LEGAL GUARDIAN  AUTHORIZED REPRESENTATIVE