

# Stockbridge-Munsee Community

## *Release of Information Form*

I, \_\_\_\_\_, the undersigned, hereby authorize the Stockbridge-Munsee Community, acting through its Finance Office, to release and provide information and documents to a party identified herein.

I acknowledge that I understand the purpose of the request and that authorization is hereby granted voluntarily. This release shall be valid for up to a period of 1-year, unless otherwise revoked in writing.

### IDENTIFICATION OF PARTY RECEIVING INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Fax:(\_\_\_\_\_)\_\_\_\_\_ Email: \_\_\_\_\_

### IDENTIFICATION OF PERSON WHO IS SUBJECT OF DISCLOSURE:

Member Name (Last, First Middle):\_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_)\_\_\_\_\_ Enrollment Number: \_\_\_\_\_

### INFORMATION TO BE RELEASED:

Information about payments I received from \_\_\_\_\_ to \_\_\_\_\_

Other (Please describe in detail):\_\_\_\_\_

I am the individual to whom the information/record applies or that person's legal guardian or agent.

**By my signature, I consent to the release of information/documents as provided herein.**

Printed Name : \_\_\_\_\_

Signature: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

-

-

-

-