

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize the Indian Natural Resource, Science, and Engineering Program (INRSEP) to secure information on my behalf. This includes, but is not limited to: financial aid, career/employment development, health services, and any other office that I have requested assistance with or information from.

I, _____, do also hereby authorize any person and agency, private or public, to release to the Indian Natural Resource, Science, and Engineering Program (INRSEP) by its Director and persons designated by the Director, information, including that deemed confidential which concerns me.

Student Name (PRINT)

Student Signature

Address City/State/Zip Code

Date signed: _____