



PONCA TRIBE OF NEBRASKA  
Department of Education

PRIVACY ACT DISCLOSURE AUTHORIZATION

Type of Record(s) Requested

Name of Individual To Whom Record(s) Pertain

Check appropriate Item(s):

I hereby consent to the disclosure of the above described record(s) to be sent to:  
Name/Organization \_\_\_\_\_ on \_\_\_\_\_  
Date

I hereby consent to the copying of the above described record(s) by  
Name/Organization \_\_\_\_\_ on \_\_\_\_\_  
Date

I hereby request that \_\_\_\_\_  
Name/Organization  
be permitted on \_\_\_\_\_ to:  
Date

Accompany me in reviewing the above described record(s) pertaining to my file.

Be present at the discussion of such record(s) concurrent with the review.

Receive a copy of record(s) specified.

Signature of Individual on Record

Date

Signature of Parent/Guardian (Applicable if above signatory is a minor)

Date