



PONCA TRIBE OF NEBRASKA

Department of Social Services

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize your agency/organization to release any and all information requested by the Ponca Tribe of Nebraska, Department of Social Services concerning the health and welfare of myself or a minor family member.

I understand that the information obtained must be relevant to program requirements and will be used to determine the level of services provided by the Ponca Tribe's Department of Social Services. At no time shall any information be disclosed from this file to any persons, organizations, or agencies other than program staff, pursuant to the Federal Privacy Act, without my written permission.

I agree that a photographic copy of this authorization shall be as valid as the original, and that this authorization shall be valid for one year from this date.

Client Name

Date of Birth

Social Security No.

Client Signature (Parent or Legal Guardian)

Date

Staff Signature

CONFIDENTIAL

**Ponca Tribe of Nebraska
Dept. of Social Service
Child Care Assistance Program
1800 Syracuse Avenue
Norfolk, NE 68701
Ph: 402-371-8834 Fx: 402-371-7564**