



## NORTH FORK RANCHERIA TRIBAL TANF

### RELEASE OF INFORMATION

I hereby authorize the North Fork Rancheria Tribal TANF (NFRTT), to make any necessary investigation, to request and to verify information I have given regarding my eligibility for cash aid assistance. I authorize the release of any information, documents or forms to the NFRTT necessary to determine my eligibility for assistance or of the eligibility of my children, including documents from my previously closed TANF case files.

I authorize that NFRTT has the right to deny the application of or criminally prosecute anyone who knowingly provides false information and/or commits fraud to obtain assistance to which he/she is not entitled.

I hereby release NFRTT and its agents and employees from any and all liability, damages and claims which might result from the release of information as authorized.

I further understand that my consent is subject to revocation in writing by me at any time except to the extent that action has been taken on this consent prior to the written revocation.

<b>1- Name (Last, First, Middle Initial)</b>	<b>Mailing Address</b>	<b>City, State and Zip Code</b>
<b>Date of Birth</b>	<b>Social Security Number</b>	<b>Phone Number</b>
<b>2-Name (Last, First, Middle Initial)</b>	<b>Mailing Address</b>	<b>City, State and Zip Code</b>
<b>Date of Birth</b>	<b>Social Security Number</b>	<b>Phone Number</b>

**Children:**

<b>Child 1 – Name (Last, First, Middle Initial)</b>	<b>Child 2 – Name (Last, First, Middle Initial)</b>
<b>Child 3 – Name (Last, First, Middle Initial)</b>	<b>Child 4 – Name (Last, First, Middle Initial)</b>
<b>Child 5 – Name (Last, First, Middle Initial)</b>	<b>Child 6 – Name (Last, First, Middle Initial)</b>

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-Applicant Signature**

\_\_\_\_\_  
**Date**