



- Please attach a copy of Driver's License and Social Security Card

THE CHICKASAW NATION  
 DIVISION OF COMMERCE  
 AUTHORIZATION FOR RELEASE OF INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

I authorize the Chickasaw Nation Division of Commerce to release information to:

\_\_\_\_\_  
*Name of Person, Entity or Facility*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Phone Fax Email*

**Purpose of Request: (check all that apply)**

|                          |                     |                          |                 |                          |                        |
|--------------------------|---------------------|--------------------------|-----------------|--------------------------|------------------------|
| <input type="checkbox"/> | Veterans Benefits   | <input type="checkbox"/> | Social Security | <input type="checkbox"/> | Unemployment           |
| <input type="checkbox"/> | IRS                 | <input type="checkbox"/> | Healthcare      | <input type="checkbox"/> | Insurance              |
| <input type="checkbox"/> | Income Verification | <input type="checkbox"/> | Workers' Comp   | <input type="checkbox"/> | Employment             |
| <input type="checkbox"/> | Legal Proceeding    | <input type="checkbox"/> | Personal        | <input type="checkbox"/> | Other (please specify) |
| <input type="checkbox"/> |                     | <input type="checkbox"/> |                 | <input type="checkbox"/> |                        |
| <input type="checkbox"/> |                     | <input type="checkbox"/> |                 | <input type="checkbox"/> |                        |

**Type of Records Authorized:**

|                          |                   |                          |                |                          |                              |
|--------------------------|-------------------|--------------------------|----------------|--------------------------|------------------------------|
| <input type="checkbox"/> | <b>Employment</b> | <input type="checkbox"/> | <b>Medical</b> | <input type="checkbox"/> | <b>Other(please specify)</b> |
| <input type="checkbox"/> | Income            | <input type="checkbox"/> | Insurance      | <input type="checkbox"/> |                              |
| <input type="checkbox"/> | Tax Information   | <input type="checkbox"/> | Workers' Comp  | <input type="checkbox"/> |                              |
| <input type="checkbox"/> | 401(k) / Benefits | <input type="checkbox"/> |                | <input type="checkbox"/> |                              |
| <input type="checkbox"/> | Personnel File    | <input type="checkbox"/> |                | <input type="checkbox"/> |                              |
| <input type="checkbox"/> |                   | <input type="checkbox"/> |                | <input type="checkbox"/> |                              |

I understand that the information I have requested to be released is confidential in nature. The Chickasaw Nation Division of Commerce is not responsible for the restriction of access to the confidential information once it is submitted to the person or entity authorized on this form. Any disputes arising out of the release of this information shall be governed by the law of the Chickasaw Nation and I affirmatively consent to the jurisdiction of the Chickasaw Nation's courts.

Name of Casino: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Year Won: \_\_\_\_\_