



*the*  
**Chickasaw**  
**Nation**

**Department of Community Services / Housing Division**

Post Office Box 788 / Ada, OK 74821-0788 / (580) 421-8800 / Fax: (580) 421-8885

**Bill Anoatubby**  
Governor

## Request for Release of Information

Date: \_\_\_\_\_

Family/individual name: \_\_\_\_\_  
First Middle Last Suffix

Mailing address: \_\_\_\_\_  
Street City State ZIP

Physical address: \_\_\_\_\_  
Street City State ZIP

Work phone no.: (\_\_\_\_) \_\_\_\_\_ Cell phone no.: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

You are requested to provide the Chickasaw Nation Housing Division with any information from your records that is needed by the housing division in determining eligibility for the above-named participant/tenant and their family.

Your cooperation and prompt return of the information will be appreciated, and this information will be held in confidence and used only by the housing division as legally permissible.

I give my permission for you to release this requested information to the Chickasaw Nation Housing Division.

\_\_\_\_\_  
Head of household signature

\_\_\_\_\_  
Social Security no.

\_\_\_\_\_  
Spouse signature

\_\_\_\_\_  
Social Security no.

\_\_\_\_\_  
Other adult member signature

\_\_\_\_\_  
Social Security no.

\_\_\_\_\_  
Other adult member signature

\_\_\_\_\_  
Social Security no.