PERMISSION FOR RELEASE OF INFORMTION

Seneca-Cayuga Tribal Claims Committee

23701 South 655 Road (Hwy 10)
Grove, Oklahoma 74344

Tel: **(918) 786-5576**
Fax: **(918) 786-9245**

Student Name: _____

Mailing Address: _____

_____

Phone #: _____

_____

University/College/Vo-Tech/Trade School

_____

City **State** **Zip**

PERMISSION FOR RELEASE OF INFORMATION

I, the undersigned student of this University/College/Vo-Tech/Trade School do hereby give my permission for the release of academic information to the Seneca-Cayuga Tribal Claims Committee for Tribal Fellowship Funds. This shall include, but not limited to; enrollment status, grade reports, student classification and number of hours completed and enrolled.

Student Signature: _____

Date: _____