



LAGUNA TRIBAL COURT AUTHORIZATION TO RELEASE INFORMATION



(\$5.00 fee Laguna Tribal Members/ \$10.00 fee for all non-members)

NAME: _____ **OTHER NAMES USED:** _____

Address: _____ Telephone No. _____
 City: _____ Birth date: ____ / ____ / ____
 Zip Code: _____ SSN: _____

I, _____ being duly sworn upon my oath, do hereby authorize the Pueblo of Laguna Tribal Court to release information to the following individual and/or agencies:

SELF (SPECIFY): _____

SCHOOL (SPECIFY): _____
 (Local and/or out-of-state)

EMPLOYER (SPECIFY): _____
 (Local and/or out-of-state)

SERVICE AGENCIES (SPECIFY): _____
 (Local and or out of state),

- () ACL BEHAVIORAL HEALTH () LAGUNA SERVICE CENTER
- () LAGUNA FAMILY SERVICES () ACOMA BEHAVIOR HEALTH
- () OTHER (SPECIFY): _____

POLICE AGENCIES (SPECIFY): _____
 (Local and/or out-of-state)

MILITARY BRANCHES (SPECIFY): _____

I authorize the Pueblo of Laguna Tribal Court to release information to the above for purpose of employment and/or other specified purpose. I hereby waive any rights of confidentiality in this regard. I understand that by signing this authorization, a criminal history check will be performed and information will be released to agency / employer indicated above. I understand that this information may contain records of arrests, listings of charges, resulting sentences, and final disposition. I authorize the release of this type of information, even though this record may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

SIGNATURE

DATE

OFFICIAL USE ONLY

- NO RECORD
- CRIMINAL RECORD
(SEE ATTACHED)
- TRAFFIC CITATION
(SEE ATTACHED)

Investigation conducted by the following: Court Clerk/Bailiff/Administrative Assistant, I/Court Administrator or Other Official Designee

Check Completed by: _____ Title: _____ Date: _____