

The Klamath Tribes Child Care Program

Release of Confidential Information

Full Legal Name: _____

DOB: ____/____/____ SSN# ____-____-____

If this release is being submitted on behalf of a minor or adult under guardianship please complete the following:

Name: _____

Relationship to Applicant: _____

I hereby authorize the staff of the Klamath Tribes Child Care Program to exchange/receive information with the following agencies and/or programs:

- | | |
|--|--------------------------------------|
| Klamath Tribes Education and Employment Department | Social Security Administration |
| Klamath Tribes Housing Department | Support Enforcement |
| Klamath Tribes Health & Family Services | Oregon Department of Employment |
| Klamath Tribes Social Services Department | Oregon Department of Human Services |
| Klamath Tribe Community Services Department | Oregon Institute of Technology |
| Klamath Tribes Gaming Regulatory Commission | Klamath Community College |
| Elementary and Secondary Schools – City and County | Employers |
| Crater Lake Junction Travel Center | Alert IIS |
| Klamath Adult Learning Center | Kla-Mo-Ya Casino |
| Klamath Tribes Members Benefits Department | <input type="checkbox"/> Other _____ |

Please check each box below before signing as evidence of informed consent:

- I understand that I have the right to refuse to sign this Authorization.
- I understand I have the right to receive a copy of the information received, and such information shall remain confidential and will not be re-disclosed to additional parties without my consent. Any information obtained will only be used to determine eligibility for child care services.
- In addition, I recognize that I may revoke this authorization at any time by submitting a written and dated request to The Klamath Tribes or The Klamath Tribes Early Childhood Development Center. This authorization shall expire one year from the date it is signed.
- I have been explained the use of the release and I understand the purpose of this release.

Legal Signature of Applicant/Legal Guardian of Minor

Date

Legal signature of additional Applicant/Legal Guardian of Minor

Date

CCDF Caseworker Signature

Date