

AUTHORIZATION TO RELEASE INFORMATION

NAHATA DZIIL COMMISSION GOVERNANCE

POST OFFICE BOX 400

SANDERS ARIZONA 86512

PHONE: 928-688-2150

FAX: 928-688-2235

e-mail: www.nahatadziil@navajochapter.org

website: www.nahatadziil.ndes.org

May this serve as an acknowledgement that I, _____

(Print Students Full Name)

am giving my permission to Nahata Dziil Commission Governance to obtain information relating

to my enrollment in, _____.

(Name of School Attending)

Information obtained will help determine my eligibility for Financial Assistant for present and future purposes.

(Students Signature, Student I.D (if applicable))

(Date)

(Students Address)

(Contact Number)

xc: file/subject