

# AUTHORIZATION TO RELEASE INFORMATION

NAHATA DZIIL COMMISSION GOVERNANCE  
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website: [www.nahatadziil.ndes.org](http://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, \_\_\_\_\_. Information obtained will help  
(Name of School Attending)  
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