

Absentee Shawnee Tribe of Oklahoma  
Enrollment Office



Director  
Carly Dyer

Enrollment Staff  
Melissa Hill

Enrollment Clerk  
Kim Little Axe

Enrollment Staff  
Shelby Raines

**Consent to Release**

(Must have prior approval from file holder or their legal guardian before information or documents are released).

Full Name: \_\_\_\_\_

First

Middle

Last

Name of individuals file: \_\_\_\_\_

Relationship: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

Items received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Office Use Only

Verified:    Yes                  No                                  By:                  Phone                  In Person

Verified by: \_\_\_\_\_ Initials: \_\_\_\_\_ Title: \_\_\_\_\_