



Habematolel Pomo of Upper Lake Consent to Release Information

I, _____, Tribal Member of the Habematolel Pomo of
PRINT FIRST & LAST NAME

Upper Lake (“The Tribe”), hereby authorize permission for the Tribe to release requested information about me to the following agencies, which shall remain in effect until it is revoked in-writing by me at my discretion:

Note: All applicable fields must be initialed for consent to be valid.

- | | |
|--|--|
| <input type="checkbox"/> Dept. of Welfare & Social Services
County: _____ | <input type="checkbox"/> _____ School District(s) |
| <input type="checkbox"/> Dept. of Mental / Public Health | <input type="checkbox"/> Child Support / Family Services |
| <input type="checkbox"/> CA Tribal TANF Partnership (CTTP) | <input type="checkbox"/> Indian Child Welfare Act Advocate |
| <input type="checkbox"/> Inter-Tribal Council of CA (ITCC) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Individual: _____ | _____ |

Description of information to be released: _____

Authorizing Signature

Date

~TRIBAL OFFICE USE ONLY~

Received By:

Sign First & Last Name

Date

Completed By:

Sign First & Last Name

Date

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