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RELEASE OF IIM INFORMATION

I, _____ hereby authorize the Office of the Special Trustee for American Indian of the Department of the Interior (OST) to disclose my Individual Indian Money (IIM) Account information to the Cheyenne and Arapaho Tribes Hope Program only. This Release does not authorize OST to send IIM information to any other agency (federal, state or Tribe). I understand this authorization is voluntary.

I understand that I may revoke this authorization in writing at any time, except to the extent action has already been taken in reliance on it. I understand that the authorization will be expire 12 months from the date signed. I understand the requested information will be used to determine eligibility for assistance with the Cheyenne and Arapaho Tribes Hope Program and my signature allows tribal programs to share my information to determine eligibility. I authorize OST to provide IIM income print out information from the past 12 months to today's date of _____, 2019.

Social security #: _____ - _____ - _____ DOB: _____ IIM # _____

Tribal Member Signature

Date

STATE OF _____

COUNTY OF _____

Signed and sworn to before me on this _____ day of _____, 2019.

My commission number is _____ My commission expires: _____

Notary Public