



Confederated Tribes of Warm Springs, Oregon  
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**CONFEDERATED TRIBES OF WARM SPRINGS  
OFFICE OF THE TRIBAL COUNCIL**

**C O N F I D E N T I A L**

**AUTHORIZATION TO RELEASE INFORMATION**

TO: Warm Springs Police Department

As an applicant for appointment to a position on the Board for the 27th Tribal Council, I am required to furnish information which will be used to determine my qualifications for such appointment, part of which is a criminal history background check. I hereby authorize the Warm Springs Police Department to conduct a criminal history background check on me and to release that information to the Secretary-Treasurer of the Tribal Council. I authorize this release with the understanding that the information released will only be used to determine my qualifications for such appointment and that it will not be used for any other purpose.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
State

