

LAC DU FLAMBEAU BAND OF LAKE SUPERIOR CHIPPEWA INDIANS
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____
(Name) (Address) (Phone)

(Date of Birth) (Social Security #)

hereby authorize a complete review of my background check and the information provided by me on Lac du Flambeau Tribal Application for Employment. I hereby authorize a complete background investigation, to be conducted by the Licensing Review Officer of the Lac du Flambeau Tribe, of all records and information concerning myself, the Applicant, whether such records or information are public, non-public, private or confidential.

I, hereby authorize the Licensing Review Officer of the Lac du Flambeau Tribe with a copy of this release and proper identification, to obtain information and records pertaining to me from any of all of the following sources in order to complete a background investigation of me as part of their investigation of the Applicant's eligibility for Employment:

1. Military records centers;
2. Banking and other financial institutions;
3. Any place of business (for purposes of obtaining credit or employment date);
4. Credit rating bureaus or institutions maintaining individual credit rating files;
5. Any previous employers;
6. Present employers;
7. Any school, college, university, or other educational institution; and
8. Any governmental agency or political subdivision.

I accept any risk of adverse public notice, embarrassment, criticism or other circumstance, including financial loss, which may result from action with respect to Applicant's Employment application and expressly waive any claim which otherwise could be made against the Lac du Flambeau Tribe and their officers, employees, and agents.

I recognize that the information provided and discovered may be used by the Lac du Flambeau Tribe, its officers, employees and agents, in order to evaluate the applicant's fitness for Employment and I further release authorized providers and users of any such information from any liability under State or Federal Privacy laws.

This information is privileged and will be handled in complete confidentiality as required by the Lac du Flambeau Tribal Council and the Privacy Act of 1974.

Any reproduction of this release, whether photocopy, fax, or other purposes, shall be considered as valid as the original.

Signature Date

State of _____)
County of _____)

Subscribed and sworn to before me, this _____ day of _____, 20 _____

Notary Public My Commission Expires _____