



Per Capita Department
7070 East Broadway
Mt. Pleasant, MI 48858

Phone: 989.775.4139
775.4064 or 775.4065
Fax: 989.775.4075

AUTHORIZATION FOR RELEASE OF PER CAPITA INFORMATION

The following authorization must be completely filled out and returned for the Per Capita Department to release any information:

Print Name: _____ Maiden Name: _____

Signature: _____

Social Security #: _____ - _____ - _____ Member #: _____

Phone: _____ Date: _____

I authorize the Saginaw Chippewa Indian Tribe's Per Capita Office to release information regarding my benefits to the above listed agency.

INFORMATION REQUEST: There is a \$5 fee for each of the following:

Verification Letter (circle one) Adult Child (No fee-Letter Only)
1099's (please circle all that apply, \$5 each) Adult Child 2000 2001 2002 2003
2004 2005 2006 2007 2008 2009 Other _____

Loan History _____ Check Stub(s) _____
Please list date(s) of check stubs needed.

Account History, Account #: _____

IF C.W.P., LIST CHILD(REN), DATE OF BIRTH & CUSTODY DATES:

* Use reverse side if needed.

- 1. _____
2. _____
3. _____

Agency or Person to release information to: _____

If Mailed - Address: _____
Mailing address - Street, City, State & Zip code

Fax #: _____ Agency Contact #: (_____) _____ - _____

Please note: Due to the many requests our office receives daily, please give the Per Capita Department FIVE (5) business days to complete your request. Thank You
Revised 2/17/2010 aeb