the Chickasaw Nation

Chris Anoatubby
Governor

Department of Community Services / Housing Division
Post Office Box 788 / Ada, OK 74821-0788 / (580) 421-8800 / Fax: (580) 421-8885

Request for Release of Information

Date: _____

Family/individual name: _____
First Middle Last Suffix

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Work phone no.: (___) _____ Cell phone no.: (___) _____

Email: _____

You are requested to provide the Chickasaw Nation Housing Division with any information from your records that is needed by the housing division in determining eligibility for the above-named participant/tenant and their family.

Your cooperation and prompt return of the information will be appreciated, and this information will be held in confidence and used only by the housing division as legally permissible.

I give my permission for you to release this requested information to the Chickasaw Nation Housing Division.

_____ _____
Head of household signature Social Security no.

_____ _____
Spouse signature Social Security no.

_____ _____
Other adult member signature Social Security no.

_____ _____
Other adult member signature Social Security no.