



## MONACAN INDIAN NATION RELEASE OF INFORMATION FORM

I, \_\_\_\_\_, give the Enrollment Department of the Monacan Indian Nation permission to discuss my Enrollment Application file with the following people:

Name:

Relationship:

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By signing below, I understand that the Monacan Indian Nation considers all records to be confidential in nature and the Enrollment Department will be allowed to discuss my file with only the people listed above. The information that can be discussed with them is status of file, status of ID Card, and missing or unsigned documents needed to complete the enrollment file. I also understand that they will not be allowed to make any changes to my application, receive copies of any information in my file nor be given information about my payment method. This Release of Information Form will remain in effect until revoked by me in writing.

Signature

Date

### ACKNOWLEDGEMENT

State of \_\_\_\_\_ County of \_\_\_\_\_ on \_\_\_\_\_ 20\_\_\_\_  
(Date)

before me, \_\_\_\_\_ Personally appeared \_\_\_\_\_  
(Insert name and title of the Notary) (Full legal name of person signing application)

who proved to me based on satisfactory evidence to be the Person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Signature: \_\_\_\_\_  
My Commission expires: \_\_\_\_\_

(Seal)

Revision Date 9/14/2021



# MONACAN INDIAN NATION

## RELEASE OF FAMILY HISTORY DOCUMENTS

I, \_\_\_\_\_, give the Enrollment Department of the Monacan Indian Nation permission to place/use copies of my Monacan Family History Research Documents only in the Enrollment file(s) of the following people:

NAME:

RELATIONSHIP:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I understand that the Monacan Indian Nation considers all records to be confidential in nature and the Enrollment Department will place copies of my Monacan Family History Research Documents only in the above-named individuals' enrollment application file. Copies will remain in the Enrollment Department and not be given to anyone for personal use or use outside of the Monacan Indian Nation office. A copy of this Release will be placed in the Enrollment File for each person named above. This Release of Family History Documents will remain in effect until revoked by me in writing.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### ACKNOWLEDGEMENT

State of \_\_\_\_\_ County of \_\_\_\_\_ on \_\_\_\_\_ 20\_\_\_\_  
(Date)

before me, \_\_\_\_\_ Personally appeared \_\_\_\_\_  
(Insert name and title of the Notary) (Full legal name of person signing application)

who proved to me on the basis of satisfactory evidence to be the Person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Signature: \_\_\_\_\_  
My Commission expires: \_\_\_\_\_

(Seal)

Revision Date 9/14/2021