

OSAGE NATION



CONSTITUENT SERVICES OFFICE

Constituent Assistance Authorization Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Date of Birth: _____

Brief Description of Problem/Concern/Request (circle one)

If your request requires you to consent for the staff to obtain protected information, then it will be necessary for you to execute the Osage Nation Privacy Release Form before the staff can investigate your inquiry.

I agree in exchange for my permission to research this request, to hold harmless the staff of the Osage Nation from any and all liability, responsibility, damages, losses, claims, demands, actions, suits, judgments, costs and expenses (including attorney's fees) caused in any manner from my request for services. I intend by my signature to be a complete and unconditional release of all liability.

Signature: _____ Date: ____/____/____