



**OSAGE NATION
CONSTITUENT SERVICES OFFICE
PRIVACY RELEASE FORM**

I hereby authorize the Osage Nation Constituent Services Office and/or Executive Office of the Principal Chief to request on my behalf information concerning the files of:

Name/Company

The Constituent Services Office/Executive Office of the Principal Chief is authorized to see and obtain a copy if necessary any materials in the possession of the Osage Nation to research and respond to my request below.

Name: _____ Date of Birth: ____/____/____

Current Physical Address: _____

Telephone # (Home): _____

Telephone Other: _____

(Please be sure to give a number where you can be reached)

Briefly state the nature of your problem/concern/request (be specific):

Briefly state the outcome you are seeking:

(If you need more space please use another sheet of paper)

I hereby declare that I am currently a member of the Osage Nation and/ or receive services from the Osage Nation and the above information is truthful and complete to the best of my knowledge. In addition, if it is found that the above information is not truthful and complete, my case will be closed and the Osage Nation Constituent Services Office/Executive Office of the Principal Chief(s) and/or staff will take no further action on my behalf.

Further, 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: ____/____/____