

**COMANCHE NATION
JP&T CONSENT FOR RELEASE OF INFORMATION**

Only acceptable if notarized

FOR HIGHER EDUCATION OFFICE USE ONLY:	
TO: _____	DATE: _____

I HEREBY GIVE MY PERMISSION TO RELEASE INFORMATION TO:

**ATTN: COMANCHE NATION HIGHER EDUCATION
JOB PLACEMENT AND TRAINING PROGRAM
P.O. BOX 908
LAWTON, OK, 73502**

PRINT FULL NAME

DATE OF BIRTH

SIGNATURE OF APPLICANT

SOCIAL SECURITY NUMBER

Subscribed and sworn to before me on this _____ day of _____ 20_____	
My commission expires: _____	_____
	Notary Public