

**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