

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

*Only acceptable if notarized*

<b>FOR HIGHER EDUCATION OFFICE USE ONLY:</b>	
<b>TO:</b> _____	<b>DATE:</b> _____
_____	
_____	

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**

<b>Subscribed and sworn to before me on this _____ day of _____ 20____</b>
<b>My commission expires: _____</b>
_____ <b>Notary Public</b>