

**COMANCHE NATION  
DIRECT EMPLOYMENT 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**

[SEAL]