



**TRIBAL PERSONNEL DEPARTMENT**

**\*MUST BE NOTARIZED BY NOTARY PUBLIC\***

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION  
EMPLOYEE DISCLOSURE AND CONSENT FORM**

I, \_\_\_\_\_  
NAME MAILING ADDRESS (PHONE)

(DATE OF BIRTH)

(SOCIAL SECURITY NUMBER)

I hereby authorize a complete background investigation, to be conducted by the Lac du Flambeau Tribe, of all records and information concerning myself, the applicant, whether such records or information are public, non-public, private or confidential.

I, hereby authorize the Lac du Flambeau Tribe with a copy of this release and proper identification, to obtain information and records retaining from any of the following sources in order to complete a background check as part of their investigation of the applicant's eligibility for employment.

1. Present employers;
2. Any previous employers;
3. Any school, college, university, or other educational institution; and
4. Any governmental agency or subdivision.
5. Credit rating bureaus or institutions maintaining individual credit rating files;
6. Banking and other financial institutions;
7. Military records, if necessary;
8. As directed by Tribal Council.

I recognize that the information provided and discovered may be used by the Lac du Flambeau Tribe, its officers, employees and agents, in order to evaluate the applicant's fitness for employment and I further release authorized providers and users of any such information from liability under state or federal privacy laws.

This information is privileged and will be handled in complete confidentiality as required by the Lac du flambeau Tribal Council and the Privacy Act of 1974.

Any reproduction of this release, whether photocopy, fax, or other purpose shall be considered as valid as the original.

Signature \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

**Lac du Flambeau Band  
Of Lake Superior Chippewa Indians**

P.O Box 67 Lac du Flambeau, WI 54538

(715)588-4265 Voice

(715)588-9131 Fax