



# Little Traverse Bay Bands of Odawa Indians

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## Release of Information

**\*\*\* First 3 pages no Charge - FEE: \$ 1.00 for each page thereafter. \*\*\***  
(please make check/money order payable to LTBB of Odawa Indians)

I, authorize the Little Traverse Bay Bands Enrollment Office to release the following documentation.

Documentation to be released: \_\_\_\_\_

Whose documents need to be released:

Check below

Printed Name

Date of Birth

Myself \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Minor \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please supply the name and address **OR** fax/email to whom the documents will be released

<u>Mailing Address</u>	<u>Email or Fax Number</u>
Attn: _____	Attn: _____
Mailing address, city, state zip	Phone number: (area code) xxx-xxxx Email address

\_\_\_\_\_  
Signature of requestor

\_\_\_\_\_  
Date

Relationship to Tribal Citizen:  Self       Parent       Legal Guardian  
 Other, please list relationship \_\_\_\_\_

\*For others, documentation available for requesting is limited.