



Department of Education

PRIVACY ACT DISCLOSURE AUTHORIZATION

Type of Record(s) Requested:

Education Department

Name of Individual To Whom Record(s) Pertains:

Check appropriate Item(s):

☒ I hereby consent to the disclosure of the above-described records to be sent to:

Ponca Educational Trust Fund

_____. on _____.
Name/Organization Date

☐ I hereby consent to the copying of the above-described records by

_____. on _____.
Name/Organization Date

☐ I hereby request that _____
Name/Organization
be permitted on _____ to:
Date

☐ Accompany me in reviewing the above-described records pertaining to my file.

☐ Be present at the discussion of such records(s) concurrent with the review.

☐ Receive a copy of any record(s) specified.

Signature of Individual on Record Date

Signature of Parent (Applicable if above signee is a minor) Date