



***** You must return the form with 2 valid ID's listed below *****

Driver's License, State Issued ID, Tribal Issued ID, Passport, Military ID, Social Security Card, Voter Registration, Permanent Resident Card, Resident Alien Card, Employment Authorization Card, Visa/BCC(Border Crosser Card)

THE CHICKASAW NATION
DEPARTMENT OF COMMERCE
AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____ Date of Birth: _____

Address: _____ City, State, Zip: _____

Social Security Number: _____ Phone: _____

Email Address: _____

I authorize the Chickasaw Nation Division of Commerce to release information to:

Name of Person, Entity or Facility

Address

Phone

Fax

Email

Purpose of Request: (check all that apply)

<input type="checkbox"/>	Veterans Benefits	<input type="checkbox"/>	Social Security	<input type="checkbox"/>	Unemployment
X	IRS	<input type="checkbox"/>	Healthcare	<input type="checkbox"/>	Insurance
<input type="checkbox"/>	Income Verification	<input type="checkbox"/>	Workers' Comp	<input type="checkbox"/>	Employment
<input type="checkbox"/>	Legal Proceeding	<input type="checkbox"/>	Personal	<input type="checkbox"/>	Other (please specify)
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Type of Records Authorized:

<input type="checkbox"/>	Employment	<input type="checkbox"/>	Medical	<input type="checkbox"/>	<u>Other (please specify)</u>
<input type="checkbox"/>	Income	<input type="checkbox"/>	Insurance	<input type="checkbox"/>	
X	Tax Information	<input type="checkbox"/>	Workers' Comp	<input type="checkbox"/>	
<input type="checkbox"/>	401(k) / Benefits	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Personnel File	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

I understand that the information I have requested to be released is confidential in nature. The Chickasaw Nation Division of Commerce is not responsible for the restriction of access to the confidential information once it is submitted to the person or entity authorized on this form. Any disputes arising out of the release of this information shall be governed by the law of the Chickasaw Nation and I affirmatively consent to the jurisdiction of the Chickasaw Nation's courts.

Name of Casino: _____

Signature

Date

Year Won: _____

How would you like document(s) returned to you? (circle one) Email Mail Fax

COMPLETED FORMS AND REQUIRED IDENTIFICATION DOCUMENTATION CAN BE SUBMITTED:

BY MAIL:
ATTN: TAX DEPARTMENT
2020 Lonnie Abbott Blvd.
Ada, OK 74820

BY E-FAX:
ATTN: TAX DEPARTMENT
(580)310-5781