

**Squaxin Island Tribe
Education Information Release Form**

Client Consent Form

To release confidential information

Name: _____

SSN: _____

DOB: _____

Address: _____

Phone: _____

I understand the Squaxin Island Tu Ha' Buts Learning Center may release information to the Education Committee and other appropriate agencies, educational services or institutions. Also information may be released from other agencies, educational services or institutions to the Tu Ha' Buts Learning Center at their request upon my signature.

Signature

Date