

**Squaxin Island Tribe
Tu Ha' Buts Learning Center
Education Information Release Form**

Client Consent Form

To release confidential information

Name: _____

SSN: _____

DOB: _____

Address: _____

Phone: _____

Email: _____

****Required****

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

Signature

Date