

**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