# Saint Regis Mohawk Tribe Residency Permit Application



**VERSION 4.0** 

Applicant Name:	 
Physical Address of Residence:	

She:kon/ Greetings Residency Permit Applicant,

In completing and submitting this application you are applying to become a full-time resident of the southern portion of Akwesasne. Once approved, a residency permit allows a non-tribal member to reside within the territory of Akwesasne for a period of 5 years. It should also be noted that residency permits can be revoked at any time by the SRMT Residency Board if problems arise after a permit has been issued.

An applicant is permitted to reside in Akwesasne while their permit is pending. If an application is denied, the non-tribal member will have 30 days to vacate the territory from the date the final decision is made.

Please be aware that there are fees that must be paid to the SRMT Finance Department before and application can be reviewed. All applicants will be required to pay a \$50 application fee. Applicants are also responsible for a \$62 cost associated with conducing a US background check. However, the background check fee will be waived for applicants; over the age 68. These fees will be non-refundable.

The SRMT Residency Ordinance and this application are not related to the SRMT Exclusion policy. The SRMT Exclusion Policy remains in effect.

If you have any questions, or need clarification please contact Office of Boards and Commissions at 518-358-2272 ext. 2167, or email the residency board at <a href="mailto:residency.board@srmt-nsn.gov">residency.board@srmt-nsn.gov</a>.

Nia:wen | Thank you

#### **Instructions**

- 1. Use black or blue ink when completing the application, any mistakes can be corrected by a 1-line strike through accompanied by applicant initials (ex: Bob).
- 2. Attach copies of relevant, official documents that support your application such as your state issued ID, birth certificates of tribal-member children, marriage certificates for marriages to tribal-members, lease agreements, etc.
- 3. If a question does not apply, please note an "N/A" or not applicable to the area.
- 4. If you do not have enough space for your information on the application, please use the 'Notes' page at the end of the application. Indicate which section you are completing.
- 5. Completed applications may be submitted electronically or by mail:

Electronically: <u>residency.board@srmt-nsn.gov</u>

By mail: Attn: Residency Board

Saint Regis Mohawk Tribe

71 Margaret Terrance Memorial Way

Akwesasne, NY 13655

- 6. **A \$50** application fee must be paid to the SRMT Finance Office before an application can be processed. This fee is required for ALL applicants. Payment must be made to the SRMT Finance Office and receipt of payment should be included with the application. The SRMT Residency Board is unable to accept checks/cash.
- **7.** A **\$62** background check fee must also be paid to the SRMT Finance Office before an application can be processed. **This fee has been waived** for applicants over the age 68.

[BACKGROUND CHECK FORMS ARE ATTACHED]

8. If an applicant currently resides in Canada, a Canadian Criminal Record Check, or CPIC, must also be obtained and submitted as part of the application. More information can be found at the following website: <a href="https://www.rcmp-grc.gc.ca/en/types-criminal-background-checks">https://www.rcmp-grc.gc.ca/en/types-criminal-background-checks</a>

If you have any questions or need clarification, please contact the Office of Boards and Commissions at 518-358-2272 Ext 2167.

Once a completed application has been received, a decision will be issued within 60 days.

Nonfiction of deadlines within which the applicant shall respond. Such deadlines shall not to exceed 90 days within which the applicant must respond to the boards request. If the applicant does not meet such deadlines the board may deny the application or require the applicant to re-submit.

As an applicant, you may be asked to provide further documentation or be required to attend an interview or informal/ formal hearing with the Residency Board. Failure to comply with these requests could result in the termination of your permit application.

## **Applicant Personal Information**

Last Name	First Name	Middle Name	Title Jr., II, etc.
Date of Birth (mm/o	dd/yyyy) Pla	ce of Birth (City, State	e/Province, County)
Alias, Other Names	Used		
Please provide a c	opy of your dri	ver's license or othe	er state issued ID.
Contact Infor	mation		
Home Phone:			_
Cell Phone: _			_
Work Phone: _			_
Email Address: _			_
Mailing Address: _			_
_			_
Are you currently a	n enrolled mem	ber of another Tribe?	Yes/No (circle one)
If ves. which tribe:			

### **Marital Status**

Are you currently:	(circle one)		
Never Marri	ed	Married	Separated
Legally Sepa	rated	Divorced	Widowed
If married, dividocumentation (I	•	· •	rovide accompanying cate, etc.).
If not married, p shared bank acco	<del>-</del>		non-law marriage (e.g le.
Spouse/Life	Partner Info	ormation	
Last Name	First Name	, Middle Nar	ne Title Jr., II, etc.
Tribal Enrollment	 Number (of spous	e/ life partner)	
Date of Marriage (	mm/dd/yyyy)	City and State/Pro	ovince Married
Date Separated/Di	 vorced/Widowed	(mm/dd/yyyy)	

#### **Members of Household**

Please include all individuals who live in your household:

Name	Date of Birth (mm/dd/yyyy)	Relation to Applicant	Tribal ID Number
	(/ ~~/ 5555)	- Ipprount	
Does any member of care? Yes/ No (circle		ave special needs or	require supportive
If yes, please describe	e:		
Must provide suppor	ting documentatio	n.	
If any member of you and you are NOT a re		-	
Dl		tata satablish sass	

Please provide supporting documents to establish parental guardianship over tribal-member children (e.g. birth certificates, guardianship papers, etc.).

### **History of Residency**

\*Please note: If any previous residences have been in Canada, the applicant is responsible for obtaining and submitting a CPIC as part of the application.

Start Date	End Date	House Number, Apt #, Street Address	City	State/ Province	Zip Code /Postal Code

Do you cu	irrently (Circle One):	Rent	Own	Land Contact
-	nt or have a land contract, whone number and provid	•	-	
Landlord'	's Name:			
Landlord'	's Phone Number:			
Address o	of rental unit:			
If you do i be located	not currently live on Trib d?	al Territo	ry, where wil	ll your future address

### **Community Ties**

If you are not a member of the Saint Regis Mohawk Tribe, but have close ties with members or organizations, please list their names below:

\_\_\_\_\_

### **Character References**

List three people who know you well and whom you have known for at least three years, they cannot be a family member of member of your household.

Reference #1: Name:	
Phone Number:	
Email Address:	
Physical Address:	
Reference #2: Name:	
Phone Number:	
Email Address:	
Physical Address:	
Reference #3: Name:	
Phone Number:	
Email Address:	
Physical Address:	

### **Employment**

Are you currently employed? Yes/ No (circle one).

If you are not currently employed, please provide information for your most recent employer.

ace of employment:	
art Date (mm/dd/yyyy):	
nd Date (mm/dd/yyyy):	
nployer Phone Number:	
inployer i none ivamber.	
anager/Supervisor Name:	

### **Criminal History**

Have you been charged with or convicted of a criminal offense? Criminal offense includes all high misdemeanors, felonies, misdemeanors, violations and disorderly person offenses. Do not include traffic violations (Circle One): Yes/No

If yes, provide the following information:

Date	Name of Offense	Action Taken	Agency, City, State

Advisory and	i waiver:
--------------	-----------

Please be advised the Saint Regis Mohawk Tribal Residency Board will require a criminal background check. In signing this Advisory and Waiver, you hereby waive your right to an appeal before the Residency Board for any non-disclosure of arrests.

Failure to disclose all arrests will result in the denial of your permit application

You cannot reapply for 6 months.			
Criminal background checks can get extensiv	e if a history is present in your file.		
Applicant Signature	Date		
Applicant Affirmation:			
I declare under Saint Regis Mohawk law that to the best of my knowledge and I understand if it is found that I misrepresented myself of true.	l that I may be subject to sanctions		
Applicant Signature	Date		

As an applicant, you may be asked to provide further documentation or be required to attend an informal and/or formal hearing with the SRMT Residency Board. Failure to comply with these requests could result in the termination of your permit application.

Are you able to participate in virtual meetings held on Microsoft Teams, Zoom, or other video conferencing platforms?

Circle one:	Yes	No

Notes:
If you require additional space to answer a previous question, please use the space below. Make sure to indicate which section is being answered.
PLEASE FILL OUT TO ATTACHED DOCUMENTS FOR THE APPLICATION TO BE COMPLETED
1) BACKGROUND CHECK FORMS
2) RELEASE OF INFORMATION FORM FROM TRIBAL POLICE DEPARTMENT

#### **Authorization and Consent for Criminal Background Check**

This Authority for Release of Information for criminal background check, or copy thereof, constitutes my consent and authorization to any person(s) duly accredited by, and representing the Saint Regis Mohawk Tribe Residency Board to obtain any information, which is relevant to my Residency Permit with the Saint Regis Mohawk Tribe. With my consent and authorization, any person(s) or organization is directed to furnish information upon request.

This authority for release of information, or copy thereof, constitutes my consent and authorization to release any information criminal justice agency.

This *Authority for Release of Information* is executed with my full knowledge and understanding that the information is for official use only by Saint Regis Mohawk Tribe Residency Board. The information will be safeguarded against unauthorized disclosure to any agency or individual not having a legitimate need for it.

I hereby release any person(s) or organization, their employees, agents and officials from any and all liability for damages of whatever kind or nature on account of compliance, or any attempts to comply with this *Authority for Release of Information*.

I have read and understand the disclosures and summary of rights attached.

Signature of Applicant		Date			
Require	d information	1 (PLEASE P	PRINT CLEARI	.Y)	
*First Name	Middle		*Last Name		
*Physical Address		*City		*State	*Zip
*Date of Birth (MM/DD/YEAR)					
*Social Security Number					

#### NOTICE - BACKGROUND INVESTIGATION

In connection with your employment/licensure (including contract or volunteer services) or application to rent a dwelling with
You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and AmericanChecked, 4870 South Lewis Ave., Suite 120, Tulsa, OK. 74105; Phone:1-800-975 9876, For information about AmericanChecked privacy practices, see <a href="http://americanchecked.com/privacy policy">http://americanchecked.com/privacy policy</a> . The scope of this notice and below authorization is not limited to the present and, if you are hired will continue throughout the course of your employment and allow the Company to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing.
ACKNOWLEDGEMENT AND AUTHORIZATION
By signing below, I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by the Company at any time after receipt of this authorization and throughout the course of my employment, if applicable.
Signature: Date:
First Name: Middle Name: Last Name:
Last Four Digits of SSN:

Rev. 3/1/2019

Para información en español, visite <u>www.consumerfinance.gov/learnmore</u> o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

#### A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. For more information, including information about additional rights, go to <a href="https://www.consumerfinance.gov/learnmore">www.consumerfinance.gov/learnmore</a> or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment or to take another adverse action against you must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - o you are the victim of identity theft and place a fraud alert in your file;
  - o your file contains inaccurate information as a result of fraud;
  - o you are on public assistance;
  - o you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See <a href="www.consumerfinance.gov/learnmore">www.consumerfinance.gov/learnmore</a> for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See <a href="https://www.consumerfinance.gov/learnmore">www.consumerfinance.gov/learnmore</a> for an explanation of dispute procedures.

- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to <a href="https://www.consumerfinance.gov/learnmore">www.consumerfinance.gov/learnmore</a>.
- You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address form the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

#### CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.	b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357

## NEW YORK CORRECTION LAW ARTICLE 23-A

A COPY OF THIS LAW IS BEING PROVIDED TO YOU IN CONJUNCTION WITH OUR ORDERING BACKGROUND REPORTS ON YOU.

New York Bus Code §380-c(b)(2) and 380-g(d)	

**§750. Definitions**. For the purposes of this article, the following terms shall have the following meanings:

- (1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
- (2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
- (3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.
- (4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
- (5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that 'employment" shall not, for the purposes of this article, include membership in any law enforcement agency.
- **§751. Applicability**. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

- §752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individuals having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of 'good moral character' when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:
- (1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or
- (2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.
- **§753.** Factors to be considered concerning a previous criminal conviction; presumption. 1. In making a determination pursuant to section seven hundred fifty—two of this chapter, the public agency or private employer shall consider the following factors:
- (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
- (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
- (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
  - (d) The time which has elapsed since the occurrence of the criminal offense or offenses.
  - (e) The age of the person at the time of occurrence of the criminal offense or offenses.
  - (f) The seriousness of the offense or offenses.
- (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
- (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.
- 2. In making a determination pursuant to section seven hundred fifty—two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate

shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

- **§754.** Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.
- **§755. Enforcement.** 1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy—eight of the civil practice law and rules.
- 2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.

#### STATE LAW NOTICES AND DISCLOSURES - BACKGROUND INVESTIGATION

Pursuant to state law, the following disclosures are provided to state residents.

**CALIFORNIA** applicants or employees only: By signing below, you acknowledge receipt of the NOTICE – BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check the box if you would like to receive a copy of the investigative consumer report or consumer credit report, free of charge, if one is obtained by the Company.

Check box to receive report

Check box to receive report

**NEW YORK applicants or employees only**: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting AmericanChecked, 4870 S. Lewis, Ste. 120, Tulsa, OK 74105; Phone: 1.800.975.9876.

**NEW YORK applicants or employees only**: By signing below, you acknowledge receipt of a copy of <u>Article 23-A</u> of the New York Correction Law.

**WASHINGTON** applicants or employees only: You have the right to request from AmericanChecked a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

MASSACHUSETTS, MINNESOTA and OKLAHOMA applicants or employees only: Please check the box if you would like to receive a copy of your consumer report, free of charge, if one is obtained by the Company.

Signature:
Date:
Print Name:



#### Saint Regis Mohawk Tribal Police Department

545 State Route 37, Akwesasne New York 13655
Tel: (518)358-9200 Fax: (518)358-9334

(Residency Application)

This *Authority for Release of Information*, or copy thereof, constitutes my consent and authorization to any person(s) duly accredited by, and representing the Saint Regis Mohawk Tribal Police Department to obtain any information from your files, which is relevant to my application for Residency Application with the Saint Regis Mohawk Tribe. With my consent and authorization, any person(s) or organization is directed to furnish such information upon request.

This authority for release of information, or copy thereof, constitutes my consent and authorization to release any information regarding property interest (real and personal), criminal justice agencies, regulatory agencies businesses, financial institutions, lending institutions.

This *Authority for Release of Information* is executed with full knowledge and understanding that the information is for official use only by Saint Regis Mohawk Tribe. And the information will be safeguarded against unauthorized disclosure to any agency or individual not having a legitimate need for it.

I hereby release any person(s) or organization, their employees, agents and officials from any and all liability for damages of whatever kind or nature on account of compliance, or any attempts to comply with this *Authority for Release of Information*.

Name (full)	Physical Address		
Date of Birth	Social Security Number		
	Signature of Applicant		