



the
Chickasaw
Nation

Department of Administration

COVID-19 Homeowner Assistance Program

Post Office Box 638 / Ada, OK 74821-0638 / (580) 757-9082 / Toll-free: (833) 551-0980 / Fax: (580) 272-1398 / Email address: HAP@Chickasaw.net

Bill Anoatubby
Governor

Authorization for Disclosure of Personal Information

Pursuant to Privacy Act of 1974, as amended

Instructions:

To authorize the Chickasaw Nation Homeowner Assistance Program (HAP) and the organization/individual listed below to obtain, share, and disclose my personal information to authorized organization(s) and individual(s). "Personal information" may include any information provided in my application for assistance, including, for example, name, birth date, contact information, bank account information, financial information, utility and mortgage account information, information about my household, and any other information associated with my HAP application which is reasonably necessary to share in order to process and complete my request for assistance.

1. Fill out all appropriate fields on this form; and
2. Email the completed and signed form to HAP@Chickasaw.net or mail to:
The Chickasaw Nation Homeowner Assistance Program / Post Office Box 638 / Ada, OK 74821-0638
3. **Note: Forms will not be accepted without a signature.**

First name:	
Middle name:	
Last name:	
Suffix:	
Birth date:	

Please enter the name of the organization(s) or individual(s) to whom the authorization is given or revoked. You may enter more than one name. Enter only ONE name per space. Revoking authorization may not prevent an organization or individual from receiving information the HAP has already released prior to the revocation.

Organization(s) or individual(s) authorized to receive information			
Organization or individual name	Email address	Phone number	Authorization
			<input type="checkbox"/> given <input type="checkbox"/> revoked
			<input type="checkbox"/> given <input type="checkbox"/> revoked
			<input type="checkbox"/> given <input type="checkbox"/> revoked
			<input type="checkbox"/> given <input type="checkbox"/> revoked
			<input type="checkbox"/> given <input type="checkbox"/> revoked
			<input type="checkbox"/> given <input type="checkbox"/> revoked

Authorization:

I hereby authorize the Chickasaw Nation HAP to obtain, share, or disclose my personal information to the above-mentioned organization(s) or individual(s).

Applicant signature

Date