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Department of Education

**PRIVACY ACT DISCLOSURE AUTHORIZATION**

Type of Record(s) Requested:

**Education Department**

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Name of Individual To Whom Record(s) Pertains:

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Check appropriate Item(s):

I hereby consent to the disclosure of the above-described records to be sent to:

**Ponca Educational Trust Fund**

\_\_\_\_\_ on

\_\_\_\_\_.  
Name/Organization

Date

I hereby consent to the copying of the above-described records by

on \_\_\_\_\_.

Name/Organization

Date

I hereby request that

\_\_\_\_\_  
Name/Organization

be permitted on \_\_\_\_\_ to:

Date

Accompany me in reviewing the above-described records pertaining to my file.

Be present at the discussion of such records(s) concurrent with the review.

Receive a copy of any record(s) specified.

\_\_\_\_\_  
Signature of Individual on Record

Date

\_\_\_\_\_  
Signature of Parent (Applicable if above signee is a minor)

Date