EASTERN SHOSHONE TRIBE
ELECTION COMMITTEE
AUTHORIZATION FOR RELEASE OF INFORMATION

Candidate's Name: _____

Former Names used: _____Dates: _____to _____

Social Security number: _____

Driver License number: _____State: _____

Telephone number(s): (C)(_____)_____(W)(____)_____(H)(____)_____

Current address: _____ (City)_____(St)_____(Zip)_____

Having filed a *Notice of Candidacy and Affidavit* for _____(*position*) of the Eastern Shoshone Tribe, Wind River Indian Reservation, Wyoming, I hereby consent to and authorize the Eastern Shoshone Tribe Election Committee to conduct a comprehensive criminal background check and to conduct an investigation into my history and qualifications for office pursuant to the Eastern Shoshone Tribe Election Ordinance, General Council Resolution No.: _____, and to receive any information and/or reports on my behalf. I understand a comprehensive background check is a requirement to submit my candidacy for the following position(s):

□ **Eastern Shoshone Business Council** □ **Eastern Shoshone Entertainment Committee**

□ **Eastern Shoshone Election Judge**

I have read the Election Code and understand should I withhold my permission, and no further investigation is conducted, my *Notice of Candidacy and Affidavit* for the election to which I am applying will not be processed and I will no longer meet the requirements or be considered for candidacy.

Therefore, by my signature below, I agree to authorize the release of information to proceed with the comprehensive background checks and to give further information which may be required concerning my history and past record(s). I understand that the contents of my reports and information are confidential pursuant to the standards set forth in the Eastern Shoshone Tribe Ethics Code, Resolution 2007-9339, enacted by General Council on July 1, 2007. (All information gathered for this purpose is protected by law and after one (1) year will be destroyed).

_____
(Signature of Candidate)

STATE OF _____)
) ss
COUNTY OF _____)

Signed to and sworn to (or affirmed) before me on the _____ day of _____,20_____, by

_____.
(*Person Making Statement*)

(Seal)

_____
Signature of Notarial Officer

My commission expires: _____