

Bad River Band of Lake Superior Tribe of Chippewa Indians

Human Resource Office
Tribal Personnel Office

P.O. Box 39 Odanah, WI 54861
Phone: (715) 682-7111 Fax: (715) 682-7118

Subject: Release of Income Information

I, _____, do hereby authorize the Human Resource Office to release copies of my income verification. Such information includes salary, position held, length of employment, and level of fringe benefits relating to my employment with the Bad River Band.

Name of Person/Organization Requesting Information

is authorized to receive copies of the above information concerning my employment with the Bad River Band. In executing this authorization, I expressly waive any privileged or confidential communication between the Bad River Band and me. Such waiver is solely and only for the purpose of authorizing the above person/organization to obtain this information. I understand that the Bad River Band is not responsible for any unauthorized release of information subsequently released by third parties. Any unauthorized party receiving any personal information as a result of this release must return the information to the Bad River Band, employee or former employee.

Signature

Date

Dates of income to be released,

Month: _____ Year: _____ To Month: _____ Year: _____

Program/Business Requested to be released to:
