



Torres Martinez Desert Cahuilla Indians
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CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

TRIBAL EMPLOYMENT RIGHTS OFFICE

Name: _____ Date of Birth: _____

Address: _____ City/State/Zip-code _____

I _____ give permission for the _____ to share and exchange my information with the TERO Office, pertaining to the following information below:

Release of Information:

From _____ to _____

Income Employment Attendance Record Tribal Enrollment

Timesheets Other Information _____

Employment/Training: _____

Other Information: _____

I confirm that the TERO Office has explained the purpose of this form and I understand its content. My signature below indicates my consent.

Signature: _____ Date: _____

TERO Client or Representative

Signature: _____ Date: _____

Authorized TERO Representative