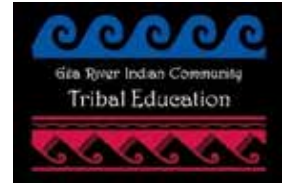


Gila River Indian Community

El Paso Natural Gas Scholarship

Office: (520) 562-3662

Fax: (520) 562- 2924



DISCLOSURE OF CONFIDENTIAL INFORMATION CONSENT FORM 2025-2026

I _____ Parent/Guardian of _____

AUTHORIZE _____

Name of School

TO DISCLOSE TO TRIBAL EDUCATION DEPARTMENT OFFICE
FOR STUDENT'S FILES AND PARENT INFORMATION ONLY

☐

ACADEMIC RECORDS

☐

BEHAVIORS REPORTS

RELEASE TO THE GILA RIVER INDIAN COMMUNITY & OFF-RESERVATION
BOARDING SCHOOLS OFFICE FOR STUDENT RECOGNITION IN NEWSPAPER
ARTICLES AND PUBLIC RELATIONS

☐

STUDENT RECOGNITIONS

☐

**CLASS/GROUP/INDIVIDUAL
PHOTOS**

SIGNATURE OF PARENT/GUARDIAN

DATE

INFORMATION MAYBE DISCLOSED TO THE GILA RIVER INDIAN EDUCATION STANDING COMMITTEE