

# RELEASE OF INFORMATION

Standing Rock Sioux Tribal Employee Status:

Active: \_\_\_\_\_ Inactive: \_\_\_\_\_

(Please be advised if you have been inactive for more than 3 years, HR/Personnel will no longer have any files pertaining to you.)

Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

Program/Department: \_\_\_\_\_

Date Needed: \_\_\_\_\_ (Minimum of 1 business day)

Information Requested:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\* I understand that the Standing Rock Sioux Tribe-HR/Personnel Department is not responsible for any information once it has been released to me. \*\*\*

Signature: \_\_\_\_\_

HR/Personnel Staff Initials: \_\_\_\_\_

