



NAVAJO NATION OIL AND GAS COMPANY
BOARD OF DIRECTORS

NOTARIZED AUTHORIZATION FOR RELEASE OF INFORMATION

This Notarized Authorization for Release of Information ("Authorization") constitutes my knowing and willing consent, permission and authorization to any and all persons, agencies or entities who are in custody of information about me ("Custodians") to furnish any and all such information about me (the "Information") to the NAVAJO NATION OIL & GAS COMPANY, including its BOARD OF DIRECTORS and NOMINATIONS COMMITTEE (collectively "NNOGC"), and MAXIMUM REPORTS, INC. and/or its representatives ("MAXIMUM"), for the purpose of due diligence and conducting a background check of me in order to determine my suitability for nomination as a member of the BOARD OF DIRECTORS of the NAVAJO NATION OIL & GAS COMPANY.

I knowingly and willingly consent, authorize and direct the Custodians of such records and sources of Information about me to release the Information, including permitting the review and copying of all documents, records or correspondence pertaining to me, to NNOGC and MAXIMUM, regardless of any previous agreement to the contrary.

I agree to accept all risks of adverse public notice, embarrassment, criticism or financial loss that may result from use of Information that is obtained in connection with a background investigation for the purpose listed in this document.

I agree to indemnify and hold harmless any person to whom this is lawfully presented, including any Custodian, and his agents and employees, from and against any and all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out or by reason of complying with this Authorization.

*** All requested information must be completed and attached. Incomplete forms will not be processed. ***

APPLICANT'S FULL NAME (PLEASE PRINT)

CIB No. (Attach Copy of Certificate of Indian Blood "CIB")

MAIDEN NAME/AKA

SOCIAL SECURITY NUMBER

ADDRESS

DATE OF BIRTH

CITY, STATE, ZIP CODE

DRIVER'S LICENSE NUMBER STATE

SIGNATURE

DATE

STATE OF _____)
) ss.
COUNTY OF _____)

On _____, before me _____, personally appeared
(date) (Name of Notary Public)

_____, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed on the
(Name of Applicant)

attached Notarized Authorization for Release of Information as the Applicant, above.

(Signature of Applicant)

SUBSCRIBED AND SWORN TO before me this ____ day of _____, 20__.

My Commission Expires: _____
Notary Public