

## 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 understand and knowingly and willingly consent to an investigation of me by NNOGC and MAXIMUM that is limited to criminal and civil record history information, motor vehicle driving history, human services inquiry for information concerning domestic violence, child abuse and neglect information, employment verification, educational verification, professional licensing, and personal and professional references and credit reports, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory, common law, or Navajo fundamental law privilege.

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)  MAIDEN NAME/AKA  ADDRESS  CITY, STATE, ZIP CODE		CIB No. (Attach Copy of Certificate of Indian Blood "CIB")  SOCIAL SECURITY NUMBER  DATE OF BIRTH		
				DRIVER'S LICENSE NUMBER STATE
				SIGNATURE
		STATE OF	. )	
	) ss.			
COUNTY OF	_ )			
On	, before me	, personally appeared		
(date)	(Name of N	(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)	, who proved to me on the	sauss of saussautory evidence to be the person whose name is substituted on the		
attached Notarized Authorizati	on for Release of Information as th	e Applicant, above.		
		(Signature of Applicant)		
SUBSCRIBED AND SWORN	TO before me this day of	, 20		
My Commission Expires:				
	<del></del>	Notary Public		