

Navajo Nation Oil & Gas Company
50 Narbono Circle West
St. Michaels, AZ 86511

AUTHORIZATION FOR RELEASE OF INFORMATION

This 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.

APPLICANT’S FULL NAME (PLEASE PRINT)

TRIBAL AFFILIATION (and CIB)

MAIDEN NAME/AKA

SOCIAL SECURITY NUMBER

ADDRESS

DATE OF BIRTH

CITY, STATE, ZIP CODE

DRIVER’S LICENSE NUMBER STATE

APPLICANT’S SIGNATURE

DATE