

**Keweenaw Bay Indian Community**  
**Vaccination Incentive Program**  
**Baraga, Marquette and Ontonagon counties**

Print Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ Enroll # \_\_\_\_\_

Mailing  
Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Physical Address (if different from  
mailing): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**I hereby authorize the release of information concerning my COVID-19 Vaccination record, including but not limited to name, address, dates of immunizations, name and address of the provider administering each dose. I am authorizing the release of this information to the Keweenaw Bay Indian Community (KBIC) for verification within their Vaccination Incentive Program. I fully understand the meaning of this authorization. A photo static or facsimile copy of this authorization is valid as the original.**

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