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*) _____

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

_____ (Name of Applicant), who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed on the attached Notarized Authorization for Release of Information as the Applicant, above.

_____
(Signature of Applicant)

SUBSCRIBED AND SWORN TO before me this ____ day of _____, 2017.

My Commission Expires: _____

_____
Notary Public

(notary seal)