

**PERMISSION TO OBTAIN AND RELEASE INFORMATION TO OUTSIDE AGENCIES**

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

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street/PO Box City State Zip Code Home Telephone #

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

Tribal Information: \_\_\_\_\_  
Tribal Affiliation Tribal Enrollment #

*I, the undersigned, hereby request and authorize:*

**AND Ho-Chunk Nation Disabilities Program Attn.:**  
**Cheryl Funmaker or Tom Redbird**  
**P.O. Box 667**  
**Black River Falls, WI 54615**

School District Name: \_\_\_\_\_  
Office: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

*To exchange requested information pertaining to the individual named above which has been indicated below:*

- Individualized education program (IEP)
- Other (specify): \_\_\_\_\_

This permission is valid for one year from the date signed. A copy of this form is as effective as the original.

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

**NOTE: Ho-Chunk Nation Department of Education reserves the right to information gathered during this period.**

HCN Education Department  
Phone: (715)284-4915 \* Fax: (715) 284-1760 \* Email: [Education.Intake@Ho-Chunk.com](mailto:Education.Intake@Ho-Chunk.com)