



Ho-Chunk Nation Office of Tribal Enrollment
Request for Information Form

Requestor's Name: _____ Tribal ID #439A00_____

Mailing Address: _____

Telephone: _____ [] home [] cell E-Mail Address: _____

[] Mail [] E-Mail [] Pick-Up [] Fax: _____

Note to Requestor: The Ho-Chunk Nation Discovery Act generally prohibits disclosure of information in proceedings the Ho-Chunk Nation is not party to without the prior written approval of the HCN Attorney General in addition a notarized release of information from the Tribal Member. Member information is highly confidential and, without such approval and notarized release, the Nation cannot release any information as requested.

INFORMATION REQUESTED

- [] Certificate Degree of Indian Blood [] Tribal Identification Card [] Newsletter (Hocak Worak)
[] Family Tree [] Verification of Residence [] *Other (see below)

(Please allow up to 24 hours for processing)

MINOR INFORMATION

Table with 5 columns: Child's Name, Birthdate, Last 4 of TID, Last 4 of SSN, Relationship to Child. Contains 3 empty rows for data entry.

*Other:

Specific info requested: _____

Reason for request: _____

Release info to (Name, Address/Fax #): _____

I hereby authorize the Ho-Chunk Nation to release my information as stated above.

Sign: _____ Date: _____

Certificate of Notary Public

(Seal)

In the State of _____, County of _____ this document was signed before me on this _____ day of _____ in the year _____.

Notary Signature: _____

Commission Expires: _____