HO-CHUNK NATION

AUTHORIZATION FOR RELEASE OF INFORMATION

_____	_____	_____-____-_____
Name	Maiden Name (if applicable)	Social Security No.
_____	_____/_____/_____	_____
Tribal Identification No.	Date of Birth	Tribal Affiliation

_____

_____

Street Address with City, State, and Zip Code

_____

_____

Mailing Address if different from Street Address

I, the undersigned, authorize any Ho-Chunk Nation program agent to obtain any information necessary to process my application for assistance from their program. This information may be exchanged with, released to, and obtained from the following sources; Programs of the Ho-Chunk Nation, Federal, State, and Local governments, Financial Institutions, current and/or prior landlords; any of their agencies and agents/representatives.

I understand that this Authorization for Release of Information is voluntary. I understand that I may revoke the Authorization for Release of Information at any time by notification in writing, but if I do, it will not have any effect on any actions took before receiving the revoke notification.

This Authorization for Release of Information is valid for fifteen (15) months from the date of the applicant's signature. This Authorization for Release of Information is valid if photocopied and does not have to have an original signature.

_____	_____
Signature of Applicant/Applicant's Representative	Representative's Authority
_____	_____
Print Name of Applicant/Applicant's Representative	Today's Date