



Ho-Chunk Nation Office of Tribal Enrollment

Request for Information

REQUESTOR

Name: _____ Tribal ID # _____

Address: _____

Email Address _____ Phone # _____ Fax # _____

Mail / Email Pick Up

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

INFORMATION REQUESTED

Certificate Degree of Indian Blood	Name Change	Newsletter (Hocak Worak)
Family Tree		*Other

MINOR INFORMATION				
You must enter two (2) of the three (3) identifying numbers below				
Childs Name	DOB	TID (last 4 #)	SSN (last 4 #)	Relationship to Child

***OTHER**

Specific information requested: _____

Explanation why specific information is requested: _____

Release information to (Name and Address/Fax #) _____

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

Signature _____ **Date** _____

Certificate of Notary Public	In the State of _____ County of _____ this document was
	Signed before me on this _____ day of _____ in the year _____
	Notary Signature _____
	Commission Expires _____