Menominee Indian Tribe of Wisconsin
Enrollment/Licensing & Permits Department
P.O. Box 910 Keshena, WI 54135
Phone: (715) 799-5121/5145 - Fax: (715) 799-6068
Menominee-nsn.gov

AUTHORIZATION TO RELEASE INFORMATION

The Privacy Act of 1974 (Public Law 93-579) does not allow any person(s) to have access to an individual's information without consent, therefore, to authorize release of any information to persons other than yourself; you must provide consent in writing.

Applicant's Name: _____ Date of Birth: _____
Previous Name(s): _____ Last 4 of SSN: _____

Please list any children under the age of 18 in your custody for whom you are requesting information:

Child's Name	Date of Birth	Last 4 of SSN

I hereby authorize the Menominee Indian Tribe of Wisconsin Enrollment Department to release information regarding:

_____ Certification of Indian Blood
_____ Monetary Distribution
_____ Other: _____

Please provide the requested information by:

_____ Pick up: _____ _____
Name Relationship

_____ Fax: _____ _____
Attention Fax Number

_____ Email: _____

_____ Mail: _____
Name

_____
Address

_____
City/State/Zip

I further understand that I may revoke this consent form at any time in person or in writing but that, any such revocation shall not affect disclosures previously made to the individual and/or organization(s) prior to the receipt of such revocation.

Authorized Signature: _____ Date: _____