



Oneida Tribe of Indians of Wisconsin
Enrollment Department
Lat\$shano=loks
(They Gather the Names)

P.O. BOX 365, ONEIDA, WI 54155-0365

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www.oneidation.org/enrollment



AUTHORIZED AGENT FORM
FOR ONEIDA ENROLLMENT DEPARTMENT PURPOSES ONLY

I, _____, of _____ County, State of _____, appoint
_____, of _____ County, State of _____, as my agent.

My agent may perform for me and in my name and on my behalf any act required by the Oneida Enrollment Department with respect to the following subjects. **EXCEPT AS OTHERWISE HEREIN LIMITED, MY AGENT MAY EXERCISE FOR ME AND IN MY NAME AND ON MY BEHALF ONLY THE POWERS ENUMERATED BELOW TO WHICH I HAVE AFFIXED MY INITIALS.**

My agent is authorized to

1. UPDATE ADDRESS INFORMATION

(Initials)

My agent is authorized to

2. SUBMIT PAYMENT FORMS

(Initials)

My agent is authorized to

3. RECEIVE PAYMENTS (Not intended for Check Cashing)

(Initials)

My agent is authorized to

4. REQUEST/RECEIVE ENROLLMENT VERIFICATIONS

(Initials)

My agent is authorized to

5. REQUEST/RECEIVE ENROLLMENT CERTIFICATIONS

(Initials)

My agent is authorized to

6. UPDATE/RECEIVE MY MINOR CHILDREN'S INFORMATION

(Initials)

8. LIMITATIONS

This agent authorization is intended **ONLY FOR THE LIMITED PURPOSES OF TRANSACTIONS CONDUCTED WITH THE ONEIDA TRIBAL ENROLLMENT DEPARTMENT.** It is not intended to be a durable power of attorney pursuant to Chapter 244 of Wisconsin Statutes.

9. EFFECTIVE DATE

This agent authorization becomes effective when signed by the principal/member and is valid for a period of four (4) years from date of signature.

10. SEVERABILITY

The invalidity of a provision of this agent authorization shall not affect another provision.

11. TERMINATION

This agent authorization shall terminate if I revoke it in writing, my agent dies or becomes incapacitated, if I am determined to be incapacitated, or at my death.

12. ONEIDA LAW

This instrument shall be governed by the laws of the Oneida Indian Tribe of Wisconsin.

	Principal	Agent
Name:	_____	_____
Address:	_____	_____
	_____	_____
Phone:	_____	_____
Roll # or Birth Date:	_____	_____
_____ Principal Signature		_____ Date

CERTIFICATE OF NOTARY PUBLIC

STATE OF _____

COUNTY OF _____

This instrument was acknowledged before me this _____ day
of _____, _____
by _____

(SEAL/STAMP)

Notary Signature: _____

My Commission Expires: _____