



Sokaogon Chippewa Community

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www.sokaogonchippewa.com



TRIBAL ENROLLMENT DEPARTMENT

Permission Form

DATE: _____

I, _____, give Gloria DeCorah-Toyebó MBA/SCC Enrollment Director & Felicia M. Rachal Enrollment Assistant, permission to complete Sections 1 and 2 of the enrollment application, and fill in the Blood Quantum on all parts of the “Application for Tribal Enrollment” where they may be required, as it is Information that I do not know, for my;

Daughter/Son, _____

Signed: _____