

Old Agency District

45644 Veterans Memorial Drive
PO Box 766 ~ Agency Village SD 57262
Phone: (605) 698-7747 ~ Fax: (605) 698-4216

Relinquishment of "YOUTH" District Membership

(One Year Waiting Period From Last Date of District Monetary Assistance)

First Name	MI	Last Name	
Date of Birth	Enrollment Number		
Mailing Address			

I do hereby request that the above name child's membership with the OLD AGENCY DISTRICT of the Sisseton-Wahpeton Oyate, be terminated subject to approval of his/her application for district membership with the _____ District.

Note: *If you are not the parent, a current custody/guardianship court order naming you as the legal custodian/guardian of the above named child must be attached.*

Parent/Legal Guardian

Date

Date Approved: District Motion Number:	District Chairman Signature:	District Secretary Signature:	
Date Received by Tribal Enrollment:	Enrollment Clerk Signature:	Date Approved By Tribal Council:	Tribal Council Motion #: