**FREEDOM OF INFORMATION ACT**

**REQUEST FORM**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |  | | | | *SSN:* | | |  | |
| Requestor’s Name: | |  | | | | | | | |
|  | | *First Middle Last* | | | | | | | |
|  | |  | | | | | | | |
| ***Note: I understand that I can only receive copies of information I have provided to the Gaming Commission, including my fingerprint results. I also understand I can only receive the requested information in person. The disclosure of my Social Security Number (SSN) is voluntary. However, failure to supply my SSN may result in errors in processing this request.*** | | | | | | | | | |
| Copy of my most recently completed Personal History Record | | | | | | | | | |
| Copy of my most recent Fingerprint Results | | | | | | | | | |
| Copy of my Criminal Disposition(s) | | | | | | | | | |
| Other, specific request(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
|  | | | | | | | | | |
|  | | |  | | | | | | |
| The requester was identified by one of the following methods: | | | | | | | | | |
| I know the requester | | | | Driver’s License | | | Ho-Chunk Nation ID Badge w/ Picture | | |
| State or Tribal ID w/Picture | | | | Other (specify) | | | | | |
|  | | | | | |  | | |  |
| Requester’s Signature | | | | | |  | | | Date |
| Gaming Commission Representative | | | | | |  | | | Date |
| Information Copied By | | | | | |  | | | Date |
| Information Received By | | | | | |  | | | Date |

Revised 04/2023