

**DESIGNATED TRIBAL AGENT – REQUEST FOR CHANGE OF ADDRESS**

**Instructions:** This form should be used to request changes to the address, telephone number or facsimile number of a Designated Tribal Agent under SDCL § 26-7A-15.3. The completed form should be sent to: Virgena Wieseler, Director, Division of Child Protection Services, 700 Governor’s Drive, Pierre, SD 57501-2291. Upon receipt of the completed form, a confirmation letter will be sent to the designated agent.

*Note: In order to change the identity of the designated agent, a Designated Tribal Agent Request Form must be sent, along with the tribal code provision or resolution, to Director Wieseler.*

**Name of Tribe:** \_\_\_\_\_

**Name of Agent:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Effective date for changes:** \_\_\_\_\_

**I request that the Department of Social Services include on its website the above address, telephone number and facsimile number for the Designated Tribal Agent and that it change the information currently on the website as needed to include the above information. By my signature, I represent that I am authorized, on behalf of the above tribe, to request these changes.**

**Signature of individual submitting request:** \_\_\_\_\_

**Name of individual submitting request:** \_\_\_\_\_  
(please print)