

Consent for Release of Information

I, _____, hereby give my permission for the source listed
 (person signing form below)
 below to release the specified information regarding _____
 (applicant/recipient)
 to the _____ County Department of Social Services.

I understand that I may revoke my permission at any time. This consent form is valid for one year from the date of my signature below, unless otherwise stipulated. I understand that this information is confidential and will be used solely for the purpose of determining and/or re-determining my eligibility for assistance.

Source:
Information Requested

 Signature of individual authorizing disclosure

If not applicant/recipient, specify:

- Parent of minor
- *Guardian
- * POA
- *Authorized representative

* Attach copy of supporting documentation

 Date

 Witness

 Date

 2nd Witness (only if signed by an "X")

 Date