

Release For Enumeration

_____ County Department of Social is hereby instructed and authorized to release to the Social Security Administration the following: _____

_____ given to the _____ County Department of Social Services for the purpose of enumeration.

I understand that by reason of my releasing such articles in this matter the _____ County Department of Social Services is freed from responsibility and hereby released from any and all claims for damage, loss, injury, or shortage of any kind whatsoever

I have read this release and know and understand its meaning.

In witness whereof, I have executed this release at _____ County Department of Social Services on _____, 20____.

Applicant's Signature

Applicant's Address

Applicant's Telephone Number

Prepare in Duplicate
Original: case file
Copy: client