

# APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

(AGENCY OR INDIVIDUAL FROM WHOM INFORMATION IS REQUESTED)

To:

I,  \_\_\_\_\_, RESIDING AT  \_\_\_\_\_

\_\_\_\_\_, HEREBY AUTHORIZE YOU TO RELEASE TO THE


(NAME OF AGENCY, INSTITUTION, INDIVIDUAL PROVIDER)




SPECIFIC



INFORMATION REQUESTED BY THIS AGENCY WHICH I CANNOT PROVIDE CONCERNING \_\_\_\_\_



THIS INFORMATION IS NEEDED FOR THE FOLLOWING PURPOSE \_\_\_\_\_

THIS FORM WAS COMPLETED IN ITS ENTIRETY AND WAS READ BY ME (OR READ TO ME) PRIOR TO SIGNING.

 SIGNATURE OF APPLICANT \_\_\_\_\_ DATE 

 BIRTHPLACE \_\_\_\_\_ BIRTHDATE  \_\_\_\_\_ MAIDEN NAME OF MOTHER 

SIGNATURE OR NAME OF SPOUSE  \_\_\_\_\_ DATE 

BIRTHPLACE OF SPOUSE  \_\_\_\_\_ BIRTHDATE OF SPOUSE  \_\_\_\_\_ MAIDEN NAME OF SPOUSE'S MOTHER 