CAO NAME AND ADDRESS

CASE IDENTIFICATION				
CO	RECORD NUMBER	CAT	CSLD	DIST
RECORD NAME				DATE

AUTHORIZATION FOR RELEASE OF INFORMATION

NAME	SOCIAL SECURITY NUMBER
ADDRESS	ZIP CODE

I hereby authorize and request the disclosure to the county assistance office any information concerning the age, residence, citizenship, employment, applications for employment, education and training activities, income, resources and any additional information involving eligibility for public assistance for myself and/or those individuals on whose behalf public assistance benefits are paid to me. It is understood that the information obtained will be used only for purposes directly related to the eligibility of individuals in the public assistance case.

SIGNATURE

DATE

SIGNATURE OF REPRESENTATIVE APPLYING ON BEHALF OF CLIENT(S)

LEGAL RELATIONSHIP OF REPRESENTATIVE TO CLIENT(S)

DATE

ORIGINAL CASE RECORD FILE

RECORD COPY **FORM RETENTION PERIOD:** **ACTIVE CASE - RETAIN UNTIL NEW FORM IS SIGNED.**
CLOSED CASE - RETAIN 4 YEARS FROM MONTH OF CASE CLOSURE

pennsylvania
DEPARTMENT OF HUMAN SERVICES