pennsylvania
DEPARTMENT OF HUMAN SERVICES

CASE IDENTIFICATION		
CO	RECORD NUMBER	DIST.
RECORD NAME		

Do not sign this form unless it contains:

- the name of the person requesting information about you;
- what information is being requested;
- why the person is requesting information about you.

YOU DO NOT HAVE TO SIGN THIS FORM. The Department of Human Services (DHS) cannot release personal information without your signed consent or unless the release of personal information is permitted or required by DHS.

WRITTEN AUTHORIZATION FOR DISCLOSURE OF INFORMATION

NAME OF REQUESTOR	DATE
INFORMATION REQUESTED	
PURPOSE OF REQUEST	

I hereby authorize disclosure by the county assistance office of the above written information 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 the purposes stated above according to 55 Pa. Code 108.14(b).

CLIENT NAME (print) SIGNATURE DATE

CAO STAFF (print) SIGNATURE DATE

ORIGINAL CASE RECORD FILE