

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

AUTHORIZATION FOR RELEASE
OF INFORMATION

CASE IDENTIFICATION				
CO	RECORD NUMBER	CAT	CTR. DIG	DIST.
RECORD NAME				

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.

WITNESS SIGNATURE DATE

TITLE SIGNATURE DATE

WITNESS SIGNATURE OF REPRESENTATIVE APPLYING ON BEHALF OF CLIENT(S) DATE

TITLE

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