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**

PA 4 1/05