CAO NAME AND ADDRESS							

CASE IDENTIFICATION								
СО	RECORD NUMBER	CAT	CSLD	DIST				
RECORD	DATE							

AUTHORIZATION FOR RELEASE OF INFORMATION

SOCIAL SECURITY NUMBER
ZIP CODE
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)		LEGA	L RELATIONSHIP OF REPRESE	ENTATIVE TO CLIENT(S)	DATE
pennsylvania	RECORD C	ΟΡΥ	ORIGINAL FORM RETENTION PERIOD:		D FILE INTIL NEW FORM IS SIGNED. 4 YEARS FROM MONTH OF CASE CLOSURE