

**CHD Planning Services
AUTHORIZATION FOR RELEASE OF PERSONAL
INFORMATION**

TO:

**FROM:
Specialist:
Phone:
Fax:**

I hereby request and authorize you to release to _____ the following types of information, which you have pertaining to me.

I hereby authorize _____ to release to you the specified information requested.

THIS CONSENT IS SUBJECT TO REVOCATION (IN WRITING) AT ANY TIME EXCEPT TO THE EXTENT THAT THE ACTION HAS BEEN TAKEN THEREON.

COMPLETE BELOW					
Agency or organization	Date of Client Authorization	Client Initials	Agency or group	Date of Client Authorization	Client Initials
SSA			Heating Assistance Program		
Church Pastor			ATAP Program		

COMPLETE BELOW					
Division of Adult Public			OPA		
Alaska Housing and Finance Corporation			Authorized Representative		
Division of Vocational Rehabilitation					
Veteran's Administration					

(OPTIONAL) THIS RELEASE OF INFORMATION WILL EXPIRE WITHOUT EXPRESSED REVOCATION ON
 _____ **(Give a specific date, event or coordination)**
Date

X _____
Client's Signature

X _____
Client's Social Security Number

_____ **X** _____
Client's Maiden Name (or any other name used)
Client's Birthdate (Month, Date, Year)

_____ ****Witness' Signature** _____ **Date**