



## General Authorization to Release Information

I, \_\_\_\_\_, \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, authorize staff  
(Name) (Birth Date)

of **Lakes and Pines Community Action Council, Inc.** to obtain information from and disclose information to the following entity about me and other household members, who are my dependents. The information disclosed or obtained is for the purpose of determining eligibility, providing support, and coordinating services with local agencies to meet client needs. **Releases are valid for one (1) year from the date you sign.**

I authorize **Lakes and Pines Community Action Council, Inc.** to exchange the following information for coordination of services (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Name            | <input type="checkbox"/> Address                          |
| <input type="checkbox"/> Phone Number    | <input type="checkbox"/> Rental/Deposit/Utility Amount(s) |
| <input type="checkbox"/> Income/Benefits | <input type="checkbox"/> Current Housing Status           |
| <input type="checkbox"/> Other: _____    |   |

I authorize the following entity or person to release and exchange information about me and other household members, who are my dependents, for verification and determining eligibility for program services. **Releases are valid for one (1) year from the date you sign.**

**Please check only one below.** Print another copy of this form if you wish us to exchange information with multiple people/organizations.

[ ] Family Member or Friend : Name: \_\_\_\_\_ Phone: \_\_\_\_\_

[ ] Employer: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

[ ] MN Work Force Center/Employment Agency Name: \_\_\_\_\_ Phone: \_\_\_\_\_

[ ] Veterans Services Organization: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

[ ] Credit Reporting Agencies Name: \_\_\_\_\_ Phone: \_\_\_\_\_

[ ] Parole/Probation Officer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

[ ] Other: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date