

**AUTHORIZATION FOR RELEASE OF INFORMATION
AUTHORIZED REPRESENTATIVE**

Case Name:
Case Number:
Worker Name:
Worker Number:
Worker Telephone:
Date:

Welfare and Institutions Code 10850, 1 provides, in part, that "...records...of any public assistance programs shall be open for inspection by the recipient to which the information relates, and by any person authorized in writing by such recipient. **The written authorization shall be dated and signed by such recipient and shall expire one year from the date of execution.**"

I, _____, residing at _____
APPLICANT/CLIENT NAME STREET ADDRESS
_____, do hereby authorize the person(s) listed below to act as my
CITY/STATE/ZIP CODE

representative in the matters regarding my case. You are hereby authorized to release and discuss all information regarding my _____ eligibility .

My authorized representative is:

_____ NAME OF AUTHORIZED REPRESENTATIVE	_____ PHONE NUMBER	_____ RELATIONSHIP TO APPLICANT/CLIENT
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_____ NAME OF AUTHORIZED REPRESENTATIVE	_____ PHONE NUMBER	_____ RELATIONSHIP TO APPLICANT/CLIENT
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Client Signature: _____ Date: _____

