

APPLICANT’S AUTHORIZATION FOR RELEASE OF INFORMATION

To:

(Agency or individual for whom information is requested)

I, _____, residing at _____

_____, hereby authorize you to release to the

(Name of Agency, Institution, Individual Provider)

specific information requested by this agency which I cannot provide concerning

This information is needed for the following purpose:

This form was completed in its entirety and was read by me (or to me) prior to signing.

Signature of Applicant		Date
Birthplace	Birthdate	Maiden Name of Mother
Signature or Name of Spouse		Date
Birthplace of Spouse	Birthdate of Spouse	Maiden Name of Spouse’s Mother