

WARREN COUNTY HUMAN SERVICES
416 S. EAST STREET
LEBANON, OHIO 45036

AUTHORIZATION TO RELEASE INFORMATION

NAME: _____

BIRTHDATE: _____

SOCIAL SECURITY NUMBER: _____

I, the undersigned, hereby authorize the Warren County Department of Human Services to obtain or release any information contained in the above named assistance group's records from/to any organization as is needed to determine eligibility for any/all Public Assistance, without further notice to the undersigned.

By my signature, I acknowledge that I have read the above or it has been read to me, that I have been permitted the opportunity to ask questions, that I understand this authorization and that I have voluntarily signed the same. A copy or facsimile of my signature may also be utilized as my authorization to release information. I further understand that refusal to sign this form will not preclude the application/determination process for Public Assistance.

Date

Signature of Individual

Witness Signature