Authorization to Release Information

I, (print name): ____ Case number: _______________
hereby authorize **County of Fresno Department of Social Services, P.O. Box 1912, Fresno CA 93721**, to release and exchange private information, documents or forms with the individuals, agents and workers of (name and contact information): ____
____.

for the purpose of case management, for myself and any dependents, including the following and related information, (*check all that apply*):

- ☐ Appraisals, Assessments and Plans
- ☐ Benefit Amount(s)
- ☐ Case Member(s)
- ☐ Child Care Information
- ☐ Child Welfare Information
- ☐ Claim(s) Information
- ☐ Client Index Number(s)
- ☐ Closed Case Information
- ☐ Contact Information
- ☐ Criminal History
- ☐ Date(s) of Birth
- ☐ Employment Information
- ☐ Household Income and Assets
- ☐ Immunization Record(s)
- ☐ Learning Disability Information
- ☐ Mental Health Information
- ☐ Overpayment Amount(s)
- ☐ Program Participation/Recommendations
- ☐ Program(s) Status
- ☐ Relevant Case Number(s)
- ☐ School Records
- ☐ Social Security Number(s)
- ☐ Substance Use, History and Treatment
- ☐ Time on Aid (Used and Available)

☐ Other Specific Information (explain): ____
____.

Please read each line below, sign and date at the bottom to indicate your agreement.

- I hereby release the County of Fresno Department of Social Services and its agents and workers from all liability, damages, and claims, which might result from the release of approved information.
- I understand that I may choose not to sign this form, and my benefits/assessment/reunification is not based on signing it, but incomplete or incorrect information may affect the outcome.
- I understand that the information may be re-released by the recipient if allowed or needed by the law.
- I certify that I am over 18 years of age, or have the right to approve the release of this information.
- I certify that a copy of this form was offered to me at the time I signed it.
- I certify that I read and fully understood the content, meaning, and impact of this form before signing it.

I understand that this approval will end 12 months from the date of signing it, unless it is revoked or an earlier date is stated (If earlier state a date or event) ____.

_____________________________ ____ ____________
(Print name clearly) (Signature) (Date)

_____________________________ ____ ____________
(Print name clearly) (Signature of Parent, Guardian or Authorized Rep*) (Date)

*State relationship to the client: ____