

FORM E

AUTHORIZATION FOR THE RELEASE AND EXCHANGE OF INFORMATION

I/We, \_\_\_\_\_, the undersigned, understand that the local Welfare Administrator may require certain information about assistance I have received, am receiving or have applied for with \_\_\_\_\_

Name of Agencies

and to verify information provided by me/my family for determining eligibility for local welfare assistance. In order to better assist me it is necessary for these agencies to release and exchange information with the Welfare Office and for the Welfare Office to release and exchange information with them. This authorization shall expire 180 days from the date signed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date