

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 _____ and to verify information provided by _____
Name of Agency
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