

# General Authorization to Release Information



\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Printed Name of Co-Applicant

\_\_\_\_\_  
Date of Birth

I authorize **Lakes and Pines Community Action Council, Inc.** to release the following information for coordination of services:

- |  |   |
|--|---|
| <input type="checkbox"/> Name            | <input type="checkbox"/> Address                          |
| <input type="checkbox"/> Phone Number    | <input type="checkbox"/> Rental/Deposit/Utility Amount(s) |
| <input type="checkbox"/> Income/Benefits | <input type="checkbox"/> Current Housing Status           |
| <input type="checkbox"/> Other: _____    |   |

I (we) authorize the following entities to release and exchange information about me (us) and other household members for the purposes of verification and determining eligibility for program services (please check below).

**Releases are valid for one (1) year from the date you sign.**

- [ ] Other Lakes and Pines' departments
- [ ] Family Member or Friend :      Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- [ ] Family Member or Friend :      Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- [ ] Employer:                              Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- [ ] MN Work Force Center and/or Employment Agencies
- [ ] Veterans Services Organization:      Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- [ ] Credit Reporting Agencies
- [ ] Parole/Probation Officer              Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- [ ] Other: \_\_\_\_\_
- [ ] Other: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date