

AUTHORIZATION FOR RELEASE OF INFORMATION
TO THE
WASHINGTON COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES

TO:

I AGREE THAT THE PERSON NAMED ABOVE MAY RELEASE TO THE WASHINGTON
COUNTY DEPARTMENT OF HUMAN SERVICES THE FOLLOWING INFORMATION:

SIGNATURE OF APPLICANT/RECIPIENT

DATE

THIS SPACE IS PROVIDED FOR THE REPLY:

SIGNATURE OF PERSON SUPPLING INFORMATION

DATE