

**Buena Vista County
General Relief Assistance**

RELEASE OF INFORMATION

You do not have to sign this, but it will help us get information we need to assist you, without having to get your signature on specific requests.

YOU SHOULD KNOW THAT:

- We may need more information to decide if you eligible for assistance.
- If more information is needed from you, you will receive a letter informing you what we need and the date you must return it to us.
- You are responsible to obtain the information or to ask us for help to get it.
- If you do not give us the information or ask for help by the due date, your application may be denied or your assistance may stop.
- We may be able to use the release below to get the information we need. **But you still have to provide information we request or ask us for help.**
- We may attach a copy of this release to a form that asks other people or organizations (like your employer) for specific information needed about you and/or others in your household.

PRINT AND SIGN YOUR NAME BELOW TO GIVE US PERMISSION TO GET NEEDED INFORMATION.

RELEASE OF INFORMATION

I hereby authorize any person or organization to give the Buena Vista County General Relief Assistance requested information about me and/or others members of my household.

A copy of this release is valid as the original.

This release is good for 12 months from the date signed.

Your Name (please print clearly)

Signature or Mark

Date