

Low Income Home Energy Assistance Program: 2011
Enrollment Verification

Authorization to Release Information

Name _____

Address _____

City/State/Zip _____

Telephone _____

I AUTHORIZE THE USE OR DISCLOSURE OF THE ABOVE NAMED INDIVIDUAL'S
ENROLLMENT INFORMATION AS DESCRIBED BELOW:

Disclosure of information made FROM

Disclosure made TO:

Name of person/facility

Name of person/facility

Mailing Address

Mailing Address

City/State/Zip

City/State/Zip

for the purpose of Low Income Home Energy Assistance Program. I understand that I have the right to cancel this authorization at any time. I understand that if I cancel this authorization, I must do so in writing. I understand that it will not apply to information that has already been released in response to this authorization. Unless otherwise cancelled, this authorization will expire on the following date: _____. If I fail to specify expiration date, this authorization will expire in 180 days (6months).

I understand that I have the right to receive a copy of this Authorization to Release Information.

Signature _____

Date _____

Virginia Croy
Enrollment Clerk.