

MIDDLE GEORGIA COMMUNITY ACTION AGENCY, INC.
HEART OF GEORGIA COMMUNITY ACTION COUNCIL, INC.
AUTHORIZATION TO RELEASE / OBTAIN INFORMATION

I, _____, hereby authorize _____
Name of Client Name of Agency

to obtain from and/or release to any service provider agency, information regarding myself
and/or children which is on file at _____, for the purpose of
Name of Agency
obtaining the most up-to-date information, in order to determine eligibility for services provided
by this agency.

This consent will be held on file for twelve (12) months (application eligibility period). I may
revoke this consent at any time by notifying _____ in writing of
Name of Agency
my desire to revoke this consent.

Signature of Client

Date

Signature of Witness

Date

Signature of Worker

Date