

**AUTHORIZATION TO FURNISH INFORMATION AND
RELEASE FROM LIABILITY**

1. TO: _____

2. You are hereby authorized to release to the Department of Human Services, Division of Services for People with Disabilities or its authorized representatives, verbally or in any written form, any information you have regarding the following subjects:

Further, you are hereby absolved from any and all liability by me/us, or either of us, for having provided such information.

I/we understand that this information is required by the Department of Human Services for:
(Explain reason and use of information)

3. _____ *Signature or Mark of Consumer/Applicant* _____ *Date*

_____ *Signature or Mark of Spouse/Guardian/Applicant* _____ *Date*

_____ *Other or Witness* _____ *Date*