Community Services Department
520 W. Lake Mary Blvd, Suite 100, Sanford, FL
cscustomerservice@seminolecountyfl.gov
407-665-2300

SEMINOLE COUNTY COMMUNITY ASSISTANCE
AUTHORIZATION FOR THE RELEASE OF INFORMATION

Please print information, **do not use white-out**.

I _____, the undersigned, hereby authorize Seminole County to release by third party, without liability, information

(Leave this line blank, agency to complete)

in regards to employment, income, residency, dependency, or claims of loss or other confidential information pertaining to me and/or assets to the Seminole County Community Assistance Office, for the purposes of verifying information provided as part of determining eligibility for assistance under this application for assistance. I understand that only information necessary for determining eligibility can be requested. **This authorization is valid up to one year from date signed.**

TYPES OF INFORMATION TO BE VERIFIED:

I/We understand that previous or current information regarding me/us may be required. Verifications that may be requested are, but not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, Certificates of Deposit, Individual Retirement Accounts, interest, dividends; payments from Social Security/SSI, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker's compensation, welfare assistance, net income from the operation of a business, and alimony or child support payments.

Organizations/individuals who may be asked to provide written/oral verifications are, but not limited to:

Past and Present Employers
Past and Present Landlords *(including Public Housing Agencies-TBRA/Section 8)*
Support and Alimony Providers
Hospitals/Doctors/Pharmacies/Clinics
Funeral Homes and Crematories
Welfare Agencies/Other Social Service Agencies and Non-Profit Agencies
State Unemployment Agencies
Social Security Administration
Utility Companies
Veterans Administration
Retirement Systems
Banks and other Financial Institutions
Religious Organizations

CONDITIONS:

I/We agree that a photocopy of this authorization may be used for the purposes stated above. I/We understand I/we have a right to review this file and correct any information found to be incorrect.

Applicant Sign Your Name	Print Your Name	Date
Co-Applicant Sign Your Name	Print Your Name	Date
Other Adult Member Sign Your Name	Print Your Name	Date
Other Adult Member Sign Your Name	Print Your Name	Date

Note: This general consent may not be used to request a copy of a tax return or medical records.