

Risk Management Division
Social Services Section
2135 Marshall Edwards Drive - Bartow, Florida 33830
Telephone: (863) 533-5387
Toll Free: 1-888-742-2622 - Facsimile: (863) 519-7938



AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ hereby authorize the Risk Management Division, Member/Social Service Section to release personal information about me to include, but not limited to: Social information, medical information, demographic information, financial information and any other related information to assist in obtaining services on my behalf. I also agree to release demographic information to the countywide shared IT system.

This information will be used for the following purpose(s):

- Employment: _____
- Financial institution: _____
- Other Service agencies: _____
- Newspaper with a Heart: _____

I understand that I can revoke this authorization by written notice to the address shown above, except to the extent that action has already been taken on this authorization. This authorization shall remain in force for six (6) months or until _____, or for a reasonable time to accomplish the purposes for which it is given.

(Client's Signature)

(Parent, Legal Guardian or Authorized Representative)

(Client's printed name)

(Date)

(Witness)