



DEPARTMENT OF SOCIAL SERVICES
DIVISION OF ECONOMIC ASSISTANCE

PHONE:

FAX:

WEB: dss.sd.gov

Authorization to Furnish/Release Information

Case Name:

Case Number:

To whom it may concern:

I give my consent for any person, agency, or institution to supply information to the Department of Social Services, about me or my household, and to allow inspection and copying of records about me or my household by any representative of the Department.

I authorize the Department to release information to providers, state, or federal agencies.

I release any person, agency, or institution from any liability to me or my household for supplying such information.

This consent is given only for use by the Department in administration of its benefit programs.

Signature of Applicant/Recipient Date

Signature of Spouse/Guardian Date

Address

City/State/Zip Code

Telephone Number