



**Department of Social Services – Division of Economic Assistance
Authorization to Release Information**

I, _____, authorize the Department of Social Services (DSS), Division of Economic Assistance (EA) to disclose my personal information to the following individual/facility.

Date of Birth: _____

Name of Facility and/or Individual: _____

Address: _____

Phone/Fax Number: _____

This authorization is for the time period: _____ to _____ (not to exceed one year)

This form does not authorize disclosure of information beyond the limits of this authorization. Information that the Department has obtained from a source other than the applicant/recipient is not subject to disclosure.

I allow the Department of Social Services – Economic Assistance to release only the following checked information to the above stated party.

- Copy of Application/Renewal Form Dated: Month(s) _____ Year(s) _____
- Copy of Notices Relating to Application /Renewal Form Dated: Month(s) _____ Year(s) _____
- Copy of Verification Checklist Form (EA-300) Dated: Month(s) _____ Year(s) _____

It is my intention that my personal information which has been provided to the above named individual/facility not be re-disclosed by said individual/facility without further written authorization from myself. I understand that I may revoke this authorization by sending written notice to 700 Governors Dr Pierre, SD 57501. I understand that I may refuse to sign this form and that I do not have to sign this form in order to apply for or renew eligibility for benefits from the Division of Economic Assistance.

Signature Printed Name Date

Address City/State/Zip Phone

If signed by someone other than Applicant/Recipient indicate relationship (appropriate box)

- Spouse
- Parent (if for child under 18)
- Power of Attorney
- Legal Guardian