

Release of Information

I hereby authorize _____ a representative of Grace Lutheran Church, Ely, MN be given personal information from my _____ (agency name) case file.

I understand this information will be used solely to assist me in securing _____ from _____ (agency).

This release will be valid for 6 (six) months from the date signed below.

Date

Name (printed)

Signature

Date of Birth

SSN (if needed)