



Consent for Information Release Form

This is a consent for release of information about _____
Name of Client

Client birth date: _____

I authorize Community Action Program's **Fuel and Electric Assistance Program** to release information regarding my application or case with the following individual(s):

NAME: _____

CONTACT INFORMATION: _____

NAME: _____

CONTACT INFORMATION: _____

NAME: _____

CONTACT INFORMATION: _____

I understand that this consent for information release is limited to information regarding my fuel and/or electric assistance application.

Please indicate an expiration date for your consent or select no expiration date.

If expiration line is left blank, it will be assumed to have no expiration date.

___ No expiration date for consent

___ Consent will expire on the following date: _____

Signature of Client: _____ Date: _____