

# Traverse County

## Social Services Department

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202 Eighth Street North  
P.O. Box 46  
Wheaton, MN 56296-0046

Telephone: (320) 563-8255  
FAX: (320) 563-4230  
TDD: (320) 563-4244  
Director: Rhonda Antrim

### AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize Traverse County Social Services Department to disclose information regarding

Your Name: \_\_\_\_\_

as requested by Gale L., Case Aide, Traverse County Social Services Department

I hereby authorize \_\_\_\_\_ County Social Services Department to disclose

information regarding \_\_\_\_\_ Your Name: \_\_\_\_\_

as requested by Gale L., Case Aide, Traverse County Social Services Department

Purpose and Manner of Use:

DATA MAY ONLY BE USED TO: (Circle as Appropriate)

1. Give needed information to authorized personnel for planning my care and treatment
2. Determine eligibility for Social Services
3. Determine eligibility for Financial Assistance
4. Determine exemption from Work Registration
5. Other: (Specify) Licensed Child Care Licensure

INFORMATION: (Specify)

Regarding substantiated reports of abuse, neglect, or maltreatment

I understand that this information will be used solely for the purpose, and in the manner specified above, and will not be disclosed to other sources unless specifically authorized by law. I affirm that I have been informed that I may refuse to authorize the release of this information and the consequences which may arise should I refuse, have been explained to me.

This authorization will expire upon receipt of the information specified herein or 365 days from date of signature. I understand that I may revoke this authorization at any time, and that I may review the information before authorizing its release (subject to the provision of Federal and State Law.)

Your Signature:	Date:
Signature of Parent/Guardian/Conservator (circle one):	Date:
Worker's Signature:	Date: