

VETERANS SERVICE COMMISSION
2595 ARLINGTON AVE. 2ND FLOOR
TOLEDO, OH 43614
PH (419) 213-6092 FAX (419) 213-6082

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____
Client's name Social Security number

Authorize any and all information to be released to:

LUCAS COUNTY VETERANS SERVICE COMMISSISON

(PRINT Name of Landlord, Utility Name, Vendor and/or Institution)

2595 ARLINGTON AVE. **TOLEDO** **OH** **43614**
(Address) (City) (State) (ZIP)

This authorization for use/disclosure is for the following purpose (PRINT the specific purpose):

FOR THE PURPOSE OF FINANCIAL ASSISTANCE AT LUCAS COUNTY VETERANS SERVICE COMMISSION

This authorization will remain in effect for **90** days, or until the following condition/event is met (specify):

I have read this form and/or it has been read to me and explained in language I can understand. I am aware of the consequences that might occur as a result of signing this consent form. All blank spaces have been filled in except for signature and dates.

| | |
|--|--------------|
| Signature of the Veteran or their Personal Representative: | Date Signed: |
| Witness Signature: | |

I hereby revoke this authorization effective as of _____ Effective Date of Revocation

| | |
|--|--------------|
| Signature of the Veteran or their Personal Representative: | Date Signed: |
| Witness Signature: | |