

Authorization for the Release of Information

I _____, the undersigned, hereby authorize _____ to release without liability, information regarding my employment, income, and/or assets to St. Johns County Rehabilitation Program, for the purposes of verifying information provided as part of determining eligibility for assistance under the Operation Lifeline Rehab Program. I understand the only information necessary for determining eligibility can be requested.

Types of Information to be verified:

I understand that previous or current information regarding my person may be required. Verifications that may be requested are, but not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses and tips; cash held in checking/savings accounts, stocks, bonds, certificates of deposits, individual retirement accounts, interest, dividends; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker's compensation, welfare assistance, net income from the operation of a business, and alimony or child support payments.

Organizations/Individuals that may be asked to provide written/oral verifications are, but not limited to:

Past/Present Employers	Alimony/Child Support Providers
Banks, Financial or Retirement Institutions	Social Security Administration
State Unemployment Agency	Veteran's Administration
Welfare Agency	Other _____

Agreement to Conditions:

I agree that a photocopy of this authorization may be used for the purposes stated above. I understand that I have the right to review this file and correct any information found to be incorrect.

Signature of Applicant	Printed Name	Date
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Signature of Co-Applicant	Printed Name	Date
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Note: This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form 4506-C, "Request for Copy of Tax Return" and prepare and sign separately.