

CONSENT TO RELEASE OF INFORMATION

I hereby authorize Illinois Department of Human Services, Illinois Department of Employment Services, Lake County Housing, Department of Social Security or

to release any and all information to Julie A. Morrison, West Deerfield Township Supervisor, and General Assistance Administrator, which is deemed necessary to complete the investigation of my application to receive General Assistance from West Deerfield Township. I further authorize to transmit by any method, including U.S. Postal Service, fax and internet copies of such documents as may be requested by the aforesaid Supervisor and GAO personnel.

Dated _____

Applicant's signature _____

Address _____

Phone _____

Social Security Number _____