Westchestergov.com

DEPARTMENT OF SOCIAL SERVICES
Child Day Care Subsidies

Authorization for Release of Information

Customer's Name:		**Date:**	
Case Number:		**Customer's SS # (last 4) :**	
Customer's Address:	(Street) (City) (State) (Zip)		

I, _____, hereby authorize the Westchester County Department of Social Services to:

[ ] disclose information **[ ] receive information from** **[ ] exchange information with**

To release information to:	**Name(S):**
	Agency Name:
	Agency Address:
	(Street) (City) (State) (Zip)

The information to be disclosed is: (Be specific)	

The information identified above will be used for: (Be specific)	

This release of information consent remains in effect until (provide date):	

Customer's Consent:
This authorization is voluntary and remains in effect until the above date, unless specifically revoked by written notice to Westchester County Department of Social Services. Any information released prior to my written revocation of this authorization shall not be a breach of confidentiality.

Customer's Signature: _____ Date Signed: _____

Witness: _____ Date Signed: _____