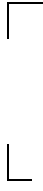


AUTHORIZATION TO RELEASE INFORMATION

Michigan Department of Human Services



Grantee Name				
Grantee Client ID				
Case Number				
County	District	Section	Unit	Specialist
Date				

<p>AUTHORITY: Title 45 CFR. COMPLETION: Required. PENALTY: Nonissuance of Public Assistance.</p> <p>The Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.</p>

To Whom It May Concern:

You are authorized to release the following information to the

County Department of Human Services

<p>REQUESTED INFORMATION:</p>

<p>FOR THE PURPOSE OF:</p>
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Signature of Client	Date	Client's Complete Address
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NOTE TO ADDRESSEE: Please reply in space below, and return in the enclosed addressed, stamped envelope.

USE REVERSE SIDE AND ATTACH DOCUMENTS IF NECESSARY		

Your Signature	Title	Date
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