



Religious Coalition for Emergency
Human Needs
27 DeGrange St
Frederick MD 21701
Tel: 301.631.2670
Fax: 240.215.3019

Consent for Release of Information

Name: _____

Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____

I, _____, the undersigned, hereby authorize the Religious Coalition for Emergency Human Needs In Frederick County, Inc. (Religious Coalition) to request and obtain, and consent to and authorize the recipient hereof to provide to the Religious Coalition, the following information in verbal, written, or electronic form about me, or as pertains to my minor child as indicated above.

(Check and initial all that apply)

_____ Housing/Lease/ Mortgage Information

_____ Employment/Payroll Records

_____ Government Benefits/Grant Records (Dates, Amounts, Beneficiaries, etc.)

_____ Legal Aide Bureau, Inc.

_____ Dept. of Social Services

_____ Medical/Mental Health Records: _____

_____ School/Education Records

_____ Department of Social Services Records

_____ Other: _____

I understand that this information will be used by the Religious Coalition in determining my eligibility for programs and benefits or to assist agencies during the referral process. I hereby agree to release and hold harmless the recipient and provider, and its agents, for the sharing and providing of any information requested and authorized hereunder, any breach of confidentiality or privacy act, or any injury or damages which may arise from the release of such information. This consent shall be valid for ninety (90) days from the date indicated below, but may be revoked at any time by me in writing, except to the extent that action has been taken in reliance upon this authorization prior to such revocation.

Client Signature: _____

Date: _____

Witness/Staff Signature: _____

Date: _____