## **CONSENT TO RELEASE INFORMATION**

Name of Person for whom information	is requested:
Date of Birth:	Social Security Number:
<ul> <li>□ I hereby authorize: to release the following information to the Maryland Department of Human Services/ Department of Social Services.</li> <li>□ I hereby authorize the Maryland Department of Human Services/Family Investment Administration-Department of Social Services to release the following information to:</li> </ul>	
(Please check information to be released)	<u> </u>
☐ Financial Records (assets, loans, accounts, investments, etc.)	
☐ Employment/Payroll/Wage records: Dates, Wages, Withholding, etc.)	
☐ Benefit/Grant Records (Dates, Amounts, Beneficiaries, etc.)	
☐ Medical records from to  (including any physical examination and lab work, mental status evaluation, general progress notes, and transfer or closing summary) for the purpose of verifying a disability.	
☐ Other (specify)	
This consent may be revoked at any til	me except to the extent that action has been taken in reliance upon it.
Unless I specify an earlier date, this co	onsent expires sixty (60) from the date it is signed.
Signature:	Date:
Date this consent expires, if earlier tha	n 60 days:
Parent or Guardian Signature (for a ch The information may be submitted by of the intended recipient.	ild under age 18):dropping it off at the Department of Social Services, mail, fax or e-mail to
Amended and the Commercial Law T	delines established in The Privacy Act of 1974 5 U.S.C. § 552a As itle 14. Miscellaneous Consumer Protection Provisions aformation Protection Act. MD. Commercial Law Code Ann. §14-
Mail to:	Attention of:
FAX to:	Attention of:
DHS/FIA 704 (Revised 07-17) Previous editions are of	obsolete