

**CONSENT FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, hereby authorize the Center Township Trustee or the Center Township Trustee’s staff, to release information or records about me to the following organizations or individuals:

I hereby authorize the Center Township Trustee, or the Center Township Trustee’s staff, to release information or records about me to any and all organizations or individuals which are members of the United Non-Profits of Clinton County, and any and all non-profits located in Clinton County, churches, or other organizations which may provide poor-relief assistance or services to members of Center Township, Indiana, for the purpose of providing health, financial, educational, or welfare resources to me.

I understand that the Center Township Trustee may release information provided by me through the Application for Township Assistance, and that any information that I have provided to the Center Township Trustee may be released to the organization(s) or person(s) listed above. This information may include but is not limited to my contact information, my employment information, my insurance information, my bank account information, my social security number, and other personal information pertaining to me.

I authorize the Center Township Trustee, or the Center Township Trustee’s staff, to receive information pertaining to my Application for Township Assistance or other information needed to provide the assistance I am seeking from other relief organizations and non-profits, including but not limited to non-profits located in Clinton County, churches, or any other organization which provides poor-relief assistance or services to members of Center Township, Indiana, for the purpose of providing financial, health, educational, or welfare resources to me.

I understand and agree that the Center Township Trustee’s office is in no way creating any obligation to maintain confidentiality and the Center Township Trustee’s office does not acknowledge the existence of any such obligation.

I am the individual, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult to whom the requested information or record applies. I declare under penalty of perjury that I have examined all of the information on this form and it is true and correct to the best of my knowledge.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed

\_\_\_\_\_  
Address

\_\_\_\_\_