**Buena Vista County Public Health**

1709 Richland St

PO Box 663

Storm Lake, IA 50588

(P) 712-749-2548

(F) 712-749-2549

**RELEASE OF INFORMATION**

You do not have to sign this, but it will help us get information we need to assist you, without having to get your signature on specific requests.

**YOU SHOULD KNOW THAT:**

* We may need more information about your service needs.
* If more information is needed from you, you will receive a letter informing you what we need and the date you must return it to us.
* You are responsible to obtain the information or to ask us for help to get it.
* If you do not give us the information or ask for help your application may be denied or your assistance may be stopped.
* We may be able to use the release below to get the information we need. **But you still have to provide information we request or ask us for help.**
* We may attach a copy of this release to a form that asks other people or organizations (like your employer) for specific information needed about you and/or others in your household.

**PRINT AND SIGN YOUR NAME BELOW TO GIVE US PERMISSION TO GET NEEDED INFORMATION.**

**RELEASE OF INFORMATION**

I hereby authorize any person or organization to give the Buena Vista County Public Health requested information about me and/or others members of my household.

***A copy of this release is valid as the original.***

This release is good for 12 months from the date signed.

Your Name (please print clearly)

Signature or Mark

Date