



# Department of Housing & Human Services

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[www.bouldercountyhhs.org](http://www.bouldercountyhhs.org)

## BOULDER COUNTY DEPARTMENT OF HOUSING AND HUMAN SERVICES

### AUTHORIZATION TO RELEASE INFORMATION

I authorize the persons, agencies, or institutions entered below to supply information requested by the County Department of Housing and Human Services concerning my application for or receipt of social services. I also allow inspection and reproduction of records in their possession pertaining to me by any authorized representative of the county department, including the Office of the Boulder County Attorney. I release the person, agency, or institution from any and all liability for supplying such information.

Names and addresses of sources of information:

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I hereby authorize the Boulder County Department of Housing and Human Services, in the course of administering the social services program, to supply information obtained directly from me, or from any person, agency, or institution, which has provided information to the county department with my written consent, to the Boulder County Attorney's Office as counsel for the Department, and the following

Names and addresses to whom the county department is authorized to release information:

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I release the County Department from any and all liability for supplying such information.

This authorization is given only in connection with its use by the County Department in its administration of the social services program and for no other purpose. It shall continue in effect for six (6) months unless rescinded earlier in writing.

Signature of Client: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

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