

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES**

**AUTHORIZATION FOR RELEASE
OF INFORMATION**

CASE IDENTIFICATION	
COUNTY	PELICAN RECORD NUMBER

NAME

ADDRESS

ZIP CODE

I hereby authorize and request the disclosure to the Child Care Information Services (CCIS) agency to contact reliable sources for knowledge of Information pertinent to verification of: identity; residence; employment; education and training activities; family size and composition; care and control of child(ren) residing with a grandparent, aunt or uncle; reasons for subsidy suspension; income; and any additional information pertinent to eligibility for the Subsidized Child Care Program for myself and/or those individuals on whose behalf subsidy benefits are paid. I understand that the information obtained will be used only for purposes directly related to the determination of eligibility for the Subsidized Child Care Program.

PARENT/CARETAKER SIGNATURE

DATE

PARENT/CARETAKER SIGNATURE

DATE

CCIS REPRESENTATIVE SIGNATURE

DATE

PLEASE SEE REVERSE SIDE FOR ADDITIONAL INSTRUCTIONS TO THE CCIS AGENCY ONLY

PARENT NAME

DO NOT COPY THIS SECTION - FOR CCIS OFFICE USE ONLY

In the event I cannot be reached, I give the CCIS permission to contact the person(s) identified below:

The CCIS agency has permission to contact or speak to the following people on my behalf.

Name:	Telephone Number:	Relationship:

PARENT/CARETAKER SIGNATURE

DATE