

AUTHORIZATION TO RELEASE INFORMATION AND RECORDS

To the following person or institution:

Business or Agency Name:

You are hereby authorized to furnish to the Trustee of Saint Joseph Township for inspection and copying, all records pertaining to any of the following transactions and to discuss with properly identified personnel of Saint Joseph Township, without limitation, all information provided herein:

- real property transactions;
- tangible personal property transactions;
- bond, share, and commodity transactions;
- banking transactions;
- business operating transactions;
- insurance transactions;
- beneficiary transactions;
- gift transactions;
- fiduciary transactions;
- claims and litigation;
- family maintenance;
- benefits from military service;
- records, reports, and statements;
- estate transactions;
- all other matters.

In addition to the above information, I hereby specifically authorize all parties possessing any knowledge of crimes of which I have been convicted or outstanding warrants which may have been issued for my arrest to release to the Trustee of Saint Joseph Township, or said Trustee's authorized employee or agent, any and all information related to my criminal record or warrants issued for my arrest.

The records and reports are requested for use in determining eligibility for Township Assistance. I acknowledge that this authorization may be revoked by me at any time, except to the extent that action has been taken in reliance thereon.

Township Office Use Only:

Applicant/Co-Applicant:

Date: _____

Signature: _____

Witness: _____

Printed Name: _____

Address: _____

Date of Birth: _____