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|  | | MISSOURI DEPARTMENT OF SOCIAL SERVICES  FAMILY SUPPORT DIVISION  **AUTHORIZATION FOR RELEASE OF INFORMATION** | | | | | | | |
| **FROM** | FAMILY SUPPORT DIVISION | | | TELEPHONE NUMBER       -     - | | |  | DATE  3/24/2022 | |
|  |  | | OFFICE ADDRESS | | | | | |  |
|  |  | |  | | | | | |  |
|  |  | |  | | | | | |  |
| **TO** | NAME | | | | |  | | | |
|  | ADDRESS (NUMBER AND STREET) | | | | |  | | | |
|  | CITY STATE ZIP CODE | | | | |  | | | |
| **RE** | CASE NAME | | | | | CASE NUMBER | | | |
|  | | | | | | | | | |
| **I authorize the release of information regarding my situation described below to representatives of the Missouri Family Support Division.** | | | | | | | | | |
| **INFORMATION SHALL BE RELEASED BY** | | | | | | | | | |
| **I (we) hereby release any person, firm, physician, clinic, or hospital from any liability for information furnished pursuant to this authorization.** | | | | | | | | | |
| APPLICANT/PARTICIPANT SIGNATURE | | | | | | DATE | | | |
| SIGNATURE OF SPOUSE | | | | | | DATE | | | |
| SIGNATURE OF OTHER | | | | | | DATE | | | |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) | | | | | | | | | |
| MO 886-0683 (01-2014) | | | | | **PERMANENT** IM-6 (01-2014) | | | | |