

**AUTHORITY TO RELEASE INFORMATION**

Date \_\_\_\_\_ Case Name (*Last, First, M.I.*) \_\_\_\_\_

AZTECS Case Name \_\_\_\_\_ HEA ID \_\_\_\_\_ Worker's D Number \_\_\_\_\_

The person whose name and signature appear below has requested your cooperation in releasing the following information. Please complete and return this form within 10 days.

**AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize and consent to the release of any and all information requested below concerning myself to the Arizona Department of Economic Security (DES). The confidentiality of the information furnished will be preserved except where disclosure of this information is required by applicable law.

Client's Name (*Last, First, M.I.*) \_\_\_\_\_

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address (*No., Street*) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

SOC. SEC. NO. \_\_\_\_\_

**INFORMATION BEING REQUESTED**

**I certify that the information provided is correct to the best of my knowledge.**

Print Name \_\_\_\_\_ Title \_\_\_\_\_ Phone No. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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