

AUTHORITY TO RELEASE RECORDS

Please accept this as an official request for the FAA case file on:

Name _____ Date of Birth _____ Social Security Number _____

Address (No., Street) _____

City _____ State _____ ZIP Code _____

PERSON REQUESTING THE RECORDS

Requestor's Name (please print) _____

Address (No., Street) _____

City _____ State _____ ZIP Code _____

Phone Number _____ Relationship _____

The person whose name appear above has requested your cooperation in releasing the following information.

INFORMATION REQUESTED

AUTHORIZATION TO RELEASE RECORDS

I hereby authorize and consent to the release of any and all information below concerning myself and my household's members to the Arizona Department of Economic Security, Family Assistance Administration (DES/FAA).The confidentiality of the information furnished will be preserved except where disclosure of this information is required by applicable law.

I understand that once the records and information authorized herein are disclosed to the entities or persons outside of FAA, they could be redisclosed by the recipient(s)and may no longer be protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). However, DES/FAA service providers generally are bound by contract and law to maintain the confidentiality of health and other information received.

The person who's signature below is authorizing the release of the records below.

SIGNATURE

FAA Applicant/Client's Signature _____ Date _____

Parent or Legal Representative's Signature _____ Date _____

When signed by the Legal Representative, indicate your relationship and provide appropriate documentation to verify your authority.

Parent Guardian Power of Attorney Other _____

This institution is an equal opportunity provider.

DES/TANF Agencies are Equal Opportunity Employers/Programs • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.