

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: _____

Social Security Number: _____

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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To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. **mail:**
Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
FNSCIVILRIGHTSCOMPLAINTS@usda.gov

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