

## APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION

I/We, \_\_\_\_\_, authorize any relative, physician, lawyer, banker, employer, insurance company, mental health professional, school official or other person or organization having information concerning my/our circumstances to furnish such information to the Municipal Welfare Department. I/We also authorize the Internal Revenue Service, Social Security Administration, any State or County Division of Health and Human Services, Division of Children Youth and Families, Division of Adult and Elderly, New Hampshire Legal Assistance, any City/Town Welfare Department, shelter, Department of Employment Security, Veteran's Administration and Fuel Assistance, or any non-profit agency to release information from their files to the Municipal Welfare Department.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse or Co-applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person completing form (if not applicant)

\_\_\_\_\_  
Relationship to applicant

\_\_\_\_\_  
Date