

REQUEST AND AUTHORIZATION TO RELEASE INFORMATION

TO: _____

DATE: _____

FROM: _____

SS#: _____

Date of Birth: _____

Interior Care Services is reviewing an application on behalf of myself and/or a family member. They require third-party verification of my household income during the past year.

I am requesting and authorizing you to forward information about any income I have recieved from you or your agency from _____ through _____.

Please mail verification to: ICS Client Services Director
PO Box 71248
Fairbanks, AK 99707

Thank you in advance for your prompt attention to this matter. If you have questions, I can be reached by phone at _____.

Signature

Date