County of San Mateo

VOLUNTARY CONSENT FOR RELEASE OF INFORMATION OR RECORDS

Name:(Agency doing Intake)	Dat	Date:	
Re:(Name of Client)	(Social Security Number)	(Date of Birth)	
(AGENCY OR INDIVII	OUAL FROM WHOM INFORM	AATION IS REQUESTED)	
TO: Employers Insurance Company Landlords/Residence M Housing Authority Providers of Health Services	Parole/Prob. Facilities Officers gr/ Social Security Admin. Schools/Universities Credit Inquiry/Financial Institutions	☐ Mental Health Division ☐ Immigration and Naturalization Services ☐ Disability Services Advoca ☐ Any Community Based Organization	
	ormation to San Mateo County Hun ility for the CASH ASSISTANCE l		
Rule and regulations. Further, this Guardian unless it is revoked by the	nay be confidential and protected from release will be valid for 12 months are Client and/or Guardian. NOTE: The by furnishing written notice of respective to the confidence of respective to the confidence of t	from signature date of Client and/o The Client and/or Guardian may	
liability and claims of any kind, rea	s all of the agencies/organizations a lated to the release and sharing of i he agencies and/or organizations in ent to release.	nformation, as described in the	
Signed:		Date:	
	rdian)		
Signed: (Client/Parent/Gua Signed: (Witness)		Date:	

C-706 CAPI Consent Form (4/14)