

**LOUDOUN COUNTY, VIRGINIA**

**AUTHORIZATION TO RELEASE INFORMATION**

As part of the application process, I/WE AUTHORIZE YOU TO PROVIDE AND RELEASE ANY AND ALL INFORMATION AND DOCUMENTATION requested by the County for the purpose of verifying information contained in my/our application and in other documents required in connection with the application, either before the application is closed or as part of its quality control program. Such information includes, but is not limited to, employment history and income; bank, money market and similar account balances; credit history; and copies of income tax returns.

I/WE AUTHORIZE the County to share with any applicable departments in Family Services, any and all information contained in my/our application. This information shall be shared solely for the purpose of facilitating the processing of my/our application.

I/WE UNDERSTAND that the County will rely on the information I/we provide and may address this authorization to any party named in the application.

A copy of this authorization may be accepted as an original.

_____ Signature of Applicant	_____ Social Security #	_____ Date
---------------------------------	----------------------------	---------------

_____ Signature of Applicant	_____ Social Security #	_____ Date
---------------------------------	----------------------------	---------------

_____ Signature of Applicant	_____ Social Security #	_____ Date
---------------------------------	----------------------------	---------------

_____ Program Representative	_____ Date
---------------------------------	---------------