

RED LAKE FOOD DISTRIBUTION PROGRAM

15860 Ogema Ave./P.O. BOX 253, REDBY, MN 56671

TELEPHONE: 218-679-3720

FAX: 218-679-2185

**AUTHORIZATION TO RELEASE
INFORMATION**

I, hereby authorize Red Lake Food Distribution Program to obtain information from: _____

_____ regarding:

Company

Fax #

Head of Household:

Full Name

DOB

SSN

Household Members:

Full Name

DOB

SSN

Check one:

_____ Food Support

_____ Other _____

This information will be used to determine eligibility to receive services.

I understand that my authorization will remain effective for one (1) year from the date of signature, and that all information will be handled confidentially.

I understand that I may revoke the authorization at any time by written, dated communications.

Signature

Date