

Panhandle Community Services Release of Information

I, _____, give permission to Panhandle Community Services to share and/or secure any information necessary. I also grant permission to Panhandle Community Services to contact other individuals or organizations in order to provide services, and resources on my behalf. I understand that this information will be shared or secured on a professional basis only while protecting my right to confidentiality. I am authorizing this agency to contact any person or organization required to process my application and to secure information in my case record, including educational and student records.

I understand that Panhandle Community Services staff and referral resources will have access to my records.

Signature of Applicant

Social Security Number

Date

Staff Signature