



CONSENT TO RELEASE INFORMATION

Fiscal Assistance, Inc.
124 W Holum Street, DeForest, WI 53532
(608) 846-7058 or fax (608) 846-3412

To: Fiscal Assistance, Inc.

Name: _____

Date of Birth: _____

SSN: _____

I hereby give my consent to Fiscal Assistance, Inc. (FA) to obtain and/or exchange information for the purpose of either planning for my well-being and/or assuring my continued eligibility for Social Security benefits.

I also hereby consent to FA to obtain and/or exchange information regarding the item(s) below for the purpose of planning for my well-being,

- All of the below information
- Social Security Number Current Monthly SSA/SSI Account Ledger
- Bank Account Burial Trust WI Medicaid
- Wages/Employment Record Utility Bills Address/Living Arrangements
- Other (Explain Below)

I am the individual, to whom the requested information/records apply, or the legal guardian of the person listed above. I declare that I have examined all of the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that FA is not responsible if a person authorized to obtain information regarding my account does so with false pretenses and FA is not responsible for any effect to my account caused by releasing the requested information.

Print Name

Date

Signature of Claimant or Legal Guardian

Relationship (if not Claimant)

FA Staff Member

Date