

Consent to Release of Information

General Assistance Office:

Collinsville Township  
305 E. Main St  
Collinsville, IL 62234

To: (name of entity or person to whom consent is directed)

DHS City of Collinsville  
Landlord  
Ameren

From: (name of person authorizing release of information)

[Redacted]

You are hereby authorized and directed to release to or permit the examination and the copying or reproduction in any manner, whether mechanical, photographic or otherwise, by the Supervisor of General Assistance and the personnel of the General Assistance Office (GAO) named above of any and all such information as may be requested by the aforesaid Supervisor or GAO personnel.

You are further authorized and directed to furnish as requested oral and written reports to the aforesaid Supervisor and GAO personnel.

You are further authorized and directed to transmit by any method, including the United States Postal Service, fax and internet, copies of such documents as may be requested by the aforesaid Supervisor and GAO personnel.

I hereby revoke any previously dated Consent to Release of Information

Dated this [Redacted] day of [Redacted]

Signature: [Redacted]

Witness Signature: \_\_\_\_\_

(please print following)  
Name of witness: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_