

251 ½ W. Piedmont St. Keyser, WV. 26726

RELEASE OF CONFIDENTIAL APPLICANT AND RECIPIENT INFORMATION

_____, do hereby consent to the release of the

(parent/guardian name, please print)	
following confidential information by the Mineral County Schools	
 My name, phone number, address, and children's names and a Family Support Center staff. Identified needs, income, all other pertinent information in relationships 	
authorize the release of this information to the following agency only	:
■ Mineral County Family Resource Network dba The Gerri Masor	n Family Support Center
Furthermore, I authorize the use of this information for the following p	urpose only:
■ Support through the center for the betterment of my family (self, children, home, etc.)	
understand that I am waiving any applicable state and/or federal conf possess. I understand that additional information may be requested, i. custody, income, etc. I also understand that the misuse of this information by any person(s) and/or federal law.	e. proof of residency,
APPLICANT SIGNATURE	DATE
AGENCY REP.	DATE
GMFSC DIRECTOR	DATE