

TANF YOUTH DEVELOPMENT PROGRAM (TANF YDP)

Authorization for Release of Information

I hereby authorize and request the disclosure to the TANF YDP service provider any information concerning education and training activities and any additional information involving eligibility for myself. As a client in TANF YDP, I give permission to the TANF YDP service provider to discuss my case with other agencies as needed to further my participation in TANF YDP. It is understood that the information obtained will be used only for purposes directly related to the participation and eligibility with the TANF YDP service provider.

Organization Name and Address:	
Staff Name (please print)	
Staff Signature:	Date:

Client Name (please print) and Address:	Date of Birth:
Client Signature:	Date:
Signature of Parent or Legal Guardian (if client is under 18):	Date: