

Joe Lombardo
Governor

Laura Rich
Director



**DEPARTMENT OF
HUMAN SERVICES**
DIVISION OF SOCIAL SERVICES
Helping people. It's who we are and what we do.



Robert H. Thompson
Administrator

TANF

MEDICAID

SNAP



Date: _____

Case Name: _____

Case ID: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

RE: _____ **SSN:** _____

You are authorized by the undersigned to release to or obtain from the Nevada State Division of Social Services the information including, but not limited to, that indicated below. This authorization constitutes a full and complete release from any liability resulting from disclosure of such information. I hereby consent to the disclosure of my identity and waive my right as an older person to have my identity kept confidential. This authorization also permits release of medical information under the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255) and Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act Amendments of 1974 (P.L. 93-282). A photocopy of this form shall be as valid as the original.

<input type="checkbox"/>	Authorization for medical data including, but not limited to, admission history and physical progress notes, discharge summary, operative report, laboratory test results and consultant reports.
<input type="checkbox"/>	Authorization for undefined

This authorization for release shall be valid for one (1) year.

Signature	Print Name	Title/Relationship	Date	Telephone Number
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Please return this form to the address above.

