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COUNTY EXECUTIVE

COUNTY OF ALBANY  
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MICHELE MCCLAVE  
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## Permission to Release Information and Represent

I, \_\_\_\_\_, residing at \_\_\_\_\_,

hereby give \_\_\_\_\_ permission to act as my representative for the purposes of  
(initial all that apply):

- Requesting, receiving and examining case information from my case record.
- Discussing my case(s).
- Receiving a benefit card(s).
- Applying for benefits on my behalf.
- Conducting all Albany County Department of Social Services business on my behalf.
- Other Specific purpose not listed above: \_\_\_\_\_

I have authorized the above-named individual to act as my representative for the purposes indicated above to the extent permitted by 18NYCRR 357.3(c).

This authorization to release case information and/or represent expires:

- Upon my written request
- On the following date: \_\_\_\_\_

**NOTE: Please be sure to bring ID for the applicant/recipient and the representative along with this release.**

\_\_\_\_\_  
Applicant/Recipient Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date