

**AUTHORIZATION OF REPRESENTATIVE  
AND  
PERMISSION TO RELEASE INFORMATION**

I, \_\_\_\_\_ hereby authorize

\_\_\_\_\_

to act on my behalf in all matters pertaining to my case with the  
\_\_\_\_\_ County Department of Social Services (DSS)  
and pertaining to the supervision of DSS's handling of my case by  
the New York State Department of Family Assistance (NYSDFA) and/or  
the New York State Department of Health (NYSDOH), including, but  
not limited to, communicating with DSS, NYSDFA and NYSDOH,  
obtaining information and records from DSS, NYSDFA and NYSDOH,  
making requests to DSS, NYSDFA and NYSDOH, and acting as my  
representative at any conferences or Fair Hearings.

This authorization shall remain valid and in full force and  
effect until such time as I revoke it in writing.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Witnessed: \_\_\_\_\_