



SMTCCAC

Southern Maryland Tri-County Community Action Committee, Inc.

Michael E. Young, MSW
President and CEO

www.smtccac.org

Customer Release of Information Form

Name of Applicant: _____ Date of Birth _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Phone Number: _____ Email: _____

I, _____, am a customer with and authorize Southern Maryland Tri-County Community Action Committee, Inc. to send and receive confidential information regarding services and program applications relating to financial stability.

Yes _____ No _____ I give authorization and consent to SMTCCAC to receive and share my information as needed for the purpose of accessing services to the following agency:

Name of company/agency: _____

Address of company/agency: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Email: _____

This agreement is in place:

From (today's date): _____ to (example: date 1 year from today): _____

SIGNATURE: _____ **DATE:** _____