

## AUTHORIZATION FOR RELEASE OF INFORMATION

I have sought assistance from the Office of \_\_\_\_\_ on a matter which may require the release of information contained in records maintained by your agency and which may be prohibited from dissemination by law. I hereby authorize you to release all relevant portions of my records and to discuss matters relating to those records with \_\_\_\_\_ and with any authorized member of his or her staff until this matter is resolved.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City, State, and Zip

\_\_\_\_\_  
Case Number

**READ CAREFULLY:** This form requests information that other entities may require from you to authorize them to communicate with the California State Legislature about personal information that is in their files, and it is for this purpose that the requested information will be collected. **You should not provide the information requested in this box unless you have been advised that the entity you are authorizing to communicate with the California State Legislature about your records requests the information for purposes of that authorization.** If you provide your Social Security Number or Driver's License Number on this form, your signature constitutes acknowledgment that you have provided that information voluntarily on this form.

Social Security Number \_\_\_\_\_  Driver's License Number \_\_\_\_\_

\_\_\_\_\_ I have been advised that the entity will require this information for purposes of this authorization.  
(Initial)

Signature \_\_\_\_\_

Date \_\_\_\_\_