

CITY OF CHAMPAIGN TOWNSHIP GENERAL ASSISTANCE OFFICE
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CONSENT TO RELEASE OF INFORMATION

TO: (Name of entity or person to whom consent is directed)

FROM: (Name of person authorizing release of information)

You are hereby authorized and directed to release to or permit the examination and the copying or reproduction in any manner, whether mechanical, photographic or otherwise, by the Supervisor of General Assistance and the personnel of the General Assistance Office (GAO) named above of any and all such information as may be requested by the aforesaid Supervisor or GAO personnel.

You are further authorized and directed to furnish as requested oral and written reports to the aforesaid Supervisor and GAO personnel.

You are further authorized and directed to transmit by any method, including the United States Postal Service, fax and internet, copies of such documents as may be requested by the aforesaid Supervisor and GAO personnel.

I hereby revoke any previously dated Consent to Release of Information.

Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Please print the following:

Name of Witness: _____

Address: _____

