TIOGA COUNTY DEPARTMENT OF SOCIAL SERVICES

Shawn L. Yetter, Commissioner

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RELEASE OF INFORMATION FORM

Authorizing the release of information to Providers regarding Childcare

I, _____, give Tioga Co Dept of Social Services Child Care Unit

(Parent/Guardian)

permission to release information to:

(Provider)

_____ regarding my

application and eligibility status of my Child Care case.

I understand that the information to be released is limited to information contained within the records of Tioga County Department of Social Services, Tioga County, New York.

Parent/Guardian Signature

Provider Signature

06/2019 kg

Date of Signature

Date of Signature

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