

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

RE:

You are hereby authorized to furnish and release to the Morris County Adjuster, or any representative of his/her, any and all information which may be requested relative to one or more of the following but not limited thereto;

- A) Employment, past or present, benefits which include but are not limited to Hospitalization Insurance, Pension, Stock options, etc.
- B) Bank Accounts, Checking, Savings, C.D.'s, Loans, etc.
- C) Ownership of any property, business whether sole ownership or otherwise.
- D) Other

This information will be used to determine the subject's eligibility and extent of services provided by this agency. Under the New Jersey Statutes Annotated (N.J.S.A.30:4-27 et seq.) this information will remain confidential and cannot be released without consent by the subject, his/her attorney or by Court Order of the Superior court of New Jersey.

The undersigned has received a copy of this authorization.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Witness)