Release of Information

Cornell Cooperative Extension - Clinton requests permission

_____________________________________________ # Case Number
(Name of Participant)  

to release/receive certain confidential information about: __________________________ __________
(Name of Participant)

This information will be released to / received from:

Organization: Clinton County Department of Social Services
Address: 43 Durkee St., Plattsburgh, NY 12901 Phone: __________________________

Material to be released/received: Confirmation of benefits

Purpose of the disclosure:
Payment for the Parenting Education Awareness Program class

The following limitations are placed on the use of this information:
________________________________________________________________________

My signature indicates that I know the information being disclosed and have had an opportunity to correct or amend this data to make certain it is accurate and complete. I am aware of the consequences that might occur as a result of signing this consent form or my refusal to do so. I am aware that this consent may be revoked in writing at any time.

My signature also means I have read this form and / or have had it read to me and explained in language I can understand. All the blanks and spaces have been filled in except for signatures and dates.

This consent form expires 6 months after date signed below unless revoked by me in writing prior to that date.

_____________________________________________  __________________________
(Participant’s Signature)  (Date Signed)

Building Strong and Vibrant New York Communities

Cornell Cooperative Extension is an employer and educator recognized for valuing AA/EEO, Protected Veterans, and Individuals with Disabilities and provides equal program and employment opportunities.