



## Third-Party Release of Information

I, (print name) \_\_\_\_\_, authorize the following individual or organization to complete this application on my behalf, including submitting necessary documentation, speaking, and communicating via text, chat, or email with representatives of the Onondaga County Department of Social Services-Economic Security.

\_\_\_\_\_  
Print First/Last Name of Third-Party

\_\_\_\_\_  
Print Third Party's Organization Name (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preferred Language (Spoken / Written)

\_\_\_\_\_  
Cell phone

\_\_\_\_\_  
Email