

Government of the Virgin Islands of the United States

DEPARTMENT OF HUMAN SERVICES

Office of Intake & Emergency Services

DHS-U-02

CONSENT FOR THE RELEASE OF INFORMATION

| Ι, | , hereby consent to the Department of |
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| | ernment agency, both federal and local, or private entity, |
| information I have given, or may give, connecessary and pertinent to the determina | ncerning myself and my family, when such disclosure is tion or confirmation of the eligibility of myself and/or or services from the Department of Human Services. |
| local, or private entity, disclosing to the I myself and my family, when such disclos | ations and other government agencies, both federal and Department of Human Services information concerning are is necessary and pertinent to the determination of Mor members of my family to receive benefits or services |
| WITNESS | SIGNATURE OF APPLICANT |
| WITNESS | DATE |

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