

**CONSENT TO REVIEW/RELEASE INFORMATION FROM CASE RECORD**

I, (1) \_\_\_\_\_, hereby authorize  
*(Name of applicant / recipient / legal guardian)*

\*\* (2) \_\_\_\_\_  to review  and/or  
*(Name of person / organization and relationship)*

obtain information from (3) \_\_\_\_\_ case file of the Department  
*(Case Name)*

of Human Services, Benefit, Employment and Support Services Division (DHS-BESSD).

The information to be reviewed / released is limited to the following: (4)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This information is to be used for: (5) \_\_\_\_\_

\_\_\_\_\_  
*(State Purpose)*

This consent is good until (6) \_\_\_\_\_ (not to exceed 90 days from date  
*(month) (day) (year)*

signed unless I cancel it in writing to the DHS-BESSD earlier).

I understand why the information is wanted and how it will be used. I also understand that:

- (7) a. I have the right to review information in the record and/or the information to be released before it is given. I  want to  do not want to review the information.
- b. If I don't specify exactly the information to be released or reviewed, information of a personal nature (such as reports on my family situation, employment, financial situation, court or police involvement) may be shared;
- c. The consent is time limited for my protection.

(8) \_\_\_\_\_ / \_\_\_\_\_  
*(Signature of applicant / recipient / legal guardian) (Date)*

(9) \_\_\_\_\_ / \_\_\_\_\_  
*(Address of applicant / recipient) (Social Security No. or Birthdate of Applicant/Recipient)*

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I have reviewed  information to be reviewed  information to be released.

(10) \_\_\_\_\_ / \_\_\_\_\_  
*(Signature of applicant / recipient / legal guardian) (Date)*

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\*\* I hereby agree that the information released will be used only for the purposes provided and will not be released to any other individual, agency, or organization, (HRS 346-10).

(11) \_\_\_\_\_ / \_\_\_\_\_  
*(Signature of person receiving / reviewing information) (Date)*