



**SMTCCAC**

Southern Maryland Tri-County Community Action Committee, Inc.

Michael E. Young, MSW  
President and CEO

[www.smtccac.org](http://www.smtccac.org)

### Customer Release of Information Form

Name of Applicant: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I, \_\_\_\_\_, am a customer with and authorize Southern Maryland Tri-County Community Action Committee, Inc. to send and receive confidential information regarding services and program applications relating to financial stability.

Yes \_\_\_\_\_ No \_\_\_\_\_ I give authorization and consent to SMTCCAC to receive and share my information as needed for the purpose of accessing services to the following agency:

Name of company/agency: \_\_\_\_\_

Address of company/agency: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

This agreement is in place:

From (today's date): \_\_\_\_\_ to (example: date 1 year from today): \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_