

CONSENT TO RELEASE PERSONAL INFORMATION  
**DIVISION OF FAMILY & CHILDREN**

Date: \_\_\_\_\_

Pursuant to the Fair Information Practices Act, I hereby authorize United States Senator Evan Bayh, or his staff representative designated by him, to make inquiries on my behalf to the Indiana State Division of Family and Children of the Family and Social Services Administration, and for the release of necessary information to said U.S. Senator about me to meaningfully answer said inquiries.

\_\_\_\_\_  
Signature of individual to whom personal information pertains

**Please return consent form to:**  
U.S. Senator Evan Bayh  
1650 Market Tower  
10 West Market Street  
Indianapolis, IN 46204  
(317) 554-0750

Name \_\_\_\_\_  
(Please Print)

Address \_\_\_\_\_

\_\_\_\_\_

S. S. # \_\_\_\_\_

\_\_\_\_\_  
Case # and type of assistance for which applied (food stamps, medicaid, TANF, etc.)

\_\_\_\_\_  
County Division of Family and Children where applied

Description of Problem:

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

Inter-Office Information

Office Contacted: \_\_\_\_\_ Call/Visit \_\_\_\_\_ Staff Member \_\_\_\_\_