

General Release
Request for Confidential Information
Pursuant to 22 M.R.S.A. § § 4306, 4314

This form to be signed by the **General Assistance Applicant**

Applicant's Name	Social Security Number <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> - <input style="width: 20px; height: 15px;" type="text"/> - <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>
Applicant's Mailing Address	
Municipality	
Address	
Source Name	Source Address
I hereby request and authorize that the above-named source provide the above-named municipality with the following information: <hr/> <hr/> <hr/>	
Signature of General Assistance Applicant: _____	Date: _____