

Pahrump Office  
Marilynn Gallivan Complex  
1981 E. Calvada Blvd. North  
Suite 120  
Pahrump, NV 89048  
Phone: (775) 751-7095  
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**Health and Human Services**  
**Director - Karyn Smith**

Tonopah Office  
Nye County Courthouse  
101 Radar Road  
Post Office Box 926  
Tonopah, NV 89049  
Phone: (775) 482-8125  
Fax: (775) 482-7261

**Authorization for Release of Information**

**Consent** - I authorize and direct any federal, state and/or local agency, organization, business and individuals to release to Nye County Health and Human Services or representatives any information or material to complete or verify my applications for participation, and or to maintain my continued assistance under any county program. I authorize Nye County Health and Human Services to communicate, obtain or release any information necessary from the agencies, business or individuals to continue my case. The purpose of the release is to verify the above information or enhance effective case management. This authorization constitutes a full and complete release from any liability.

**Information Covered** - I understand that, depending on the program and requirements, previous or requested, including but not limited to:

Residency	Background
Income	Welfare Benefits
Family Status	Medical Records

**Groups and Individuals that May be Asked** - The groups or individuals that may be asked to release the above information (depending on program requirements) includes, but not limit to:

Previous/Current Landlords	Schools and Colleges	Law Enforcement	Alimony and Child Support Providers
Public Housing Authorities (Section 8, USDA, etc.)	Division of Child and Family Services	Utility Companies	Behavioral and Substance Abuse Treatment
Past and Present Employers	Courts and Post Offices	Medical and Prescription Providers	State Unemployment Agencies
NyE Communities Coalition	Child Care Providers	State/Federal Grant Providers	Other Social Service Providers
Family Resource Center/No to Abuse	Veterans Administration	Banks and Other Financial Institutions	Other:
Social Security Administration	Retirement Systems	Credit Providers	Other:

**Conditions** - I agree that a photocopy of this authorization maybe used for the purpose stated above and will expire one year from the date of signature.

**Signature:**

_____ Head of Household	_____ Print Name	_____ Social Security #	_____ Date
_____ Co-Head of Household	_____ Print Name	_____ Social Security #	_____ Date
_____ Other Adult Household Member	_____ Print Name	_____ Social Security #	_____ Date
_____ Other Adult Household Member	_____ Print Name	_____ Social Security #	_____ Date