

**AUTHORIZATION OF REPRESENTATIVE
AND
PERMISSION TO RELEASE INFORMATION**

I, _____ hereby authorize

to act on my behalf in all matters pertaining to my case with the New York City Human Resources Administration (NYCHRA) and pertaining to the supervision of NYCHRA's handling of my case by the New York State Department of Family Assistance (NYS DFA) and/or the New York State Department of Health (NYSDOH), including, but not limited to, communicating with NYCHRA, NYSDFA and NYSDOH, obtaining information and records from NYCHRA, NYSDFA and NYSDOH, making requests to NYCHRA, NYSDFA and NYSDOH, and acting as my representative at any conferences or Fair Hearings.

This authorization shall remain valid and in full force and effect until such time as I revoke it in writing.

Signed: _____

Date: _____

Witnessed: _____