



WARREN-FOREST COUNTIES ECONOMIC OPPORTUNITY COUNCIL

“Your Community Action Agency”

AUTHORIZATION FOR THE RELEASE OF INFORMATION

To Whom It May Concern:

I hereby grant permission to:

Warren-Forest Counties E. O. C.
1209 Pennsylvania Avenue West
P.O. Box 547
Warren, PA. 16365

AND

To share and release information regarding case management and family support services.

This release is a reciprocal agreement and all information will remain **confidential**.

Participant: _____

Date: _____

Case Manager: _____

Date: _____



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