



Dane County Department of Human Services Division of Prevention & Early Intervention

Dane County Executive - Joe Parisi

Director – Shawn Tessmann

Division Administrator – Connie Bettin, LCSW

1202 Northport Drive, Madison, WI

53704-2092 PHONE: (608) 242-6200

CONSENT FOR RELEASE OF CONFIDENTIAL EMPLOYMENT RECORDS	Name - Individual Subject of Record	Date of Birth
	Address	
Name and Address of Employer Authorized to Release and Receive Information:	City, State, Zip Code	
	Name and Address of Person/Agency Authorized to Release and Receive Information: Dane County Department of Human Services 1202 Northport Drive Madison, WI 53704	

Purpose for Release of Information: **Foster Care Licensing**

Voluntary Consent: My consent to the release of the confidential records described above is voluntarily given. Refusal to sign this authorization will not affect my right to receive health care or payment of claims except as provided by law.

Expiration Date or Event: This authorization expires upon one year after signature.

Right to Revoke: I understand that I may revoke this authorization at any time, except where information has already been released pursuant to this authorization, by sending a written notice of my revocation to the individual/agency hereby authorized to release information. Unless so revoked, this authorization will remain in effect until the expiration event indicated above.

As evidenced by my signature, I hereby authorize disclosure of the confidential records described above to the person(s) or agency(s) specified above.

Applicant - Signature	Date Signed
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