



Per Capita Department  
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## AUTHORIZATION FOR RELEASE OF PER CAPITA INFORMATION

The following authorization must be completely filled out and returned for the Per Capita Department to release any information:

Print Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Member #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

### INFORMATION REQUEST:

Verification Letter - **Adult** **Child**

Loan History, Dates: \_\_\_\_\_

Check History: Dates: \_\_\_\_\_

There is a \$5 fee for each of the following:

Check all that apply: **ADULT** **CHILD**

1099's: 2010 2011 2012 2013 2014 2015

2016 2017 2018 2019 2020 Other \_\_\_\_\_

Check Stub(s) \_\_\_\_\_

*Please list date(s) of check stubs needed. (No fee if you do not receive check stubs in the mail)*

Account History, Account #: \_\_\_\_\_

### IF C.W.P., LIST CHILD(REN), DATE OF BIRTH:

\* Use reverse side if needed.

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

Agency or Person to release information to: \_\_\_\_\_

Mailing Address / Email Address: \_\_\_\_\_

*Mailing address - Street, City, State & Zip code / Email Address (if applicable)*

Fax #: \_\_\_\_\_ Contact #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Please note:** Due to the many requests our office receives daily, please allow 3 days to complete. Thank You Revised 5/18/21