



Per Capita Department
7070 East Broadway
Mt. Pleasant, MI 48858

Phone: 989.775.4139
775.4064 or 775.4065
Fax: 989.775.4075

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 (no charge for verification letter)

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

Circle all that apply: ADULT / CHILD

_____ 1099's: 2000 2001 2002 2003 2004 2005
 2006 2007 2008 2009 2010 Other _____

_____ Loan History _____ Check Stub(s) _____
Please list date(s) of check stubs needed.

_____ Check History _____ 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 give the Per Capita Department **FIVE (5)** business days to complete your request. Thank You Revised 9/26/11 aeb