



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

_____ Loan History, Dates: _____ Check History: Dates: _____

There is a \$5 fee for each of the following: Circle all that apply: ADULT / CHILD

_____ 1099's: 2007 2008 2009 2010 2011 2012
2013 2014 2015 2016 2017 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 2/22/18