



Per Capita Department  
7500 Soaring Eagle Blvd  
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: 2008 2009 2010 2011 2012 2013  
2014 2015 2016 2017 2018 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