

Community Services Department

600 West 4th Street
Davenport, Iowa 52801



(563) 326-8723

Fax (563) 326-8730

COMMUNITY SERVICES OF SCOTT COUNTY PAYEE PROGRAM
RELEASE OF INFORMATION

I _____, hereby grant permission for Community Services of Scott County representative payees to release to and /or obtain financial information and relevant information to my finances and well-being to the following individual(s) as indicated below.

Name of Person: _____

Relationship to Consumer: _____

I understand this consent shall remain valid for one year, unless I revoke it by giving written notification to Community Services of Scott County, or the date I terminate services, whichever comes first.

Date of Expiration: _____

Consumer Signature: _____

Date: _____

CSD Staff Signature: _____

Date: _____

Parent/Guardian Signature: _____
(if applicable)

Date: _____

Copy to Consumer: Given / Refused

1/02