

***RELEASE OF INFORMATION***

**Parent or Legal Guardian Name(s):**

**Child Name(s)                      Date of Birth                      Social Security #**

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***I, (parent or legal guardian \_\_\_\_\_ give permission***

\_\_\_\_\_ (local Hawki outreach coordinator) and Jean Johnson / IDPH State Hawki Outreach Coordinator, to receive information pertaining to my Hawki application from the Hawki Project Office and the Iowa Department of Human Services.

***This is in effect for one year after the date below.***

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

