

RELEASE OF INFORMATION

Parent or Legal Guardian Name(s):

Child Name(s) Date of Birth Social Security #

I, (parent or legal guardian _____ give permission to

_____ (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