



Union County Veterans Service Commission Veterans Service Office

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Marysville, Ohio 43040

(937) 642-7956 • (800) 686-2308 • Fax (937) 642-9282
Email: uc vets@co.union.oh.us



Consent to Disclose Form

Date: _____

Clients Name: _____

Address: _____ Phone: _____

I, _____, presently a client of the Union County Veterans service Office for Financial Assistance, authorize the staff of the Union County Veterans service Office staff members to exchange information with the following agencies:

- ____ Department of Job and Family Services _____
- ____ Children Services _____
- ____ Legal Authorities and/or Probation Authorities _____
- ____ Apartment Managers and/or Landlords _____
- ____ Metropolitan Housing Authority of _____
- ____ Hospitals, Doctors, or Mental Health Agencies _____
- ____ Emergency Shelters _____
- ____ Employment Assistance Programs _____
- ____ Community Action _____
- ____ Child Support Enforcement Agency _____
- ____ HUD VASH Program, - Columbus VA Clinic _____
- ____ Public or Private School Officials _____
- ____ Utility Companies – including _____
- ____ Employers (Current or Previous) _____
- ____ Other: _____
- ____ Other: _____

My status or my current residency is provided to the Union County Veterans Service Office for the establishing eligibility for Ohio State Benefits - Financial Assistance only.

This "Consent to Disclose Form" may be revoked by me (the client) in writing at any time except for information that has been previously released in accordance with this authorization and except to the extent that action had been taken in reliance thereon. This consent (unless expressly revoked in writing) expires one (1) year from the above date.

Signature (Veteran): _____ Date: _____

Signature (Spouse): _____ Date: _____

Witness: _____ Date: _____