



## ANTIOCH EDUCATIONAL CENTER

PO Box 1930 – 7557 West Main Street, Ridgeland, SC 29936

Phone: 843.645.9400 or 843.645.6557

antiochexec@yahoo.com

Website: antiochedc.org

### AUTHORIZATION TO RELEASE INFORMATION FORM

Client/Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Client/Applicant Social Security Number: \_\_\_\_\_

I hereby authorize Antioch Educational Center to (check one): \_\_\_\_\_ obtain from the following  
\_\_\_\_\_ release to the following

Name: SC Legal Services

Address: Charleston, SC

The following documents/information from the records pertaining to services received

Date of Service: June 15, through December 31, 2020

The documents to be released are described or listed as:

State ID

Social Security Card

Antioch Intake Form

The records are required for the specific purpose of obtaining financial assistance during COVID 19.

I understand that my authorization will remain effective from the date of my signature until December 31, 2020, and that the information will be handled confidentially in compliance with all applicable federal laws.

I understand that I may see the information that is to be sent, and that I may revoke the authorization at any time by written, dated communication.

I have read and understand the nature of this release.

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Signature of Client/Applicant

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Date

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Witness

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Date