

**SEATS SERVICE 1/2 FARE
IOWA CITY & UNIVERSITY HEIGHTS
CORPORATE RESIDENTS ONLY**



AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the City of Iowa City to release to the Johnson County Human Services Department or Department of Social Security, and I authorize the Johnson County Human Services Department or Department of Social Security, to release to them, confidential information pertaining to my eligibility for these specific programs:

Food Stamp Program _____ FIP _____ (Family Investment Program)

Title XIX (Medicaid) _____ SSI _____ (Supplemental Security Income)

I also do hereby forever release and discharge the City of Iowa City, the Johnson County Human Services Department, and the Social Security Administration from any liability for divulging such information whether such information is deemed confidential or not. A photocopy of this form shall be considered as acceptable as the original. This release expires 30 days after date of signature.

Print Name: _____

Social Security # _____

Print Address: _____

Signature: _____

Date: _____

Print Phone #: _____

**APPLICANT: Please MAIL or DELIVER this form directly to
DHS OR SOCIAL SECURITY
for verification of information.
DO NO WRITE BELOW THIS BOX.**

TO: Johnson County Department of Human Services or Social Security Administration:

Johnson County Human Services or Social Security Administration Use Only:

I have enclosed verification of eligibility.

The person listed above does _____ does not _____ qualify for the programs checked above.

Worker _____ Date _____
Signature: _____ Verified: _____

After verifying this individual's eligibility for the program(s) listed above, **please mail this form to: Transportation Services, City of Iowa City, 335 E. Iowa Avenue, Iowa City, IA 52240.**
Thank you for your assistance.