



The Society of St. Vincent de Paul of St. Thomas More

**CONSENT FOR RELEASE OF CONFIDENTIAL
FINANCIAL INFORMATION**

Name: _____

Date of Birth: _____ Phone # _____

Address: _____

I hereby authorize and give permission to the St. Vincent de Paul Society to contact any past or present employer, any landlord or mortgage company and any utility company (i.e. JCP&L), water and oil companies) for information that may be necessary to determine eligibility for services from the St. Vincent de Paul Society.

Print Name: _____

Signature: _____ Date: _____

Witness: _____ Date: _____