



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.

Signature of Client/Applicant

Date

Witness

Date