TIOGA COUNTY DEPARTMENT OF SOCIAL SERVICES

Shawn L. Yetter, Commissioner

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RELEASE OF INFORMATION FORM

Authorizing the release of information to Providers regarding Childcare

I,(Parent/Guardian)	, give Tioga Co Dept of Social Services Child	Care Unit
permission to release information to:	reg (Provider)	arding my
application and eligibility status of my Chil	ld Care case.	
I understand that the information to be rele of Tioga County Department of Social Ser	eased is limited to information contained within rvices, Tioga County, New York.	the records
Parent/Guardian Signature	 Date of Signature	
Provider Signature	 Date of Signature	

06/2019 kg