

Resource Oversight & Guidance Services, Inc



**P.O Box 7394
Laguna Niguel, CA 92607
phone: 800-764-7166; fax: 800-609-3166
www.rogservices.org**

Consent to Release Information

To: **Resource Oversight & Guidance Services, Inc.**

Name: _____

SSN: _____

Date of Birth: _____

I hereby give my consent to **Resource Oversight & Guidance Services, Inc.** to obtain and/or exchange information for the purpose of either planning for my well-being and/or assuring my continuing eligibility for Social Security benefits.

I also hereby give my consent to **Resource Oversight & Guidance Services, Inc.** to obtain and/or exchange information regarding the item(s) below for the purpose of planning for my well-being:

Social Security Number, Account Statement, Current Monthly SSA/SSI, Bank Account, Burial Trust, Medi-Cal, Wages/Employment Record, Social History, Utility Bills, O.H.S. Plan / Appointments, Address/Living Arrangement, or Other (explain below)

I am the individual, to whom the requested information/records applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare that I have examined all of the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that **Resource Oversight & Guidance Services, Inc.** is not responsible if a person authorized to obtain information regarding my account does so with false pretenses and **Resource Oversight & Guidance Services, Inc.** is not responsible for any effect to your benefits caused by releasing the requested information.

Print Name

Date

Signature of Claimant or Legal Guardian

Relationship (if not claimant)

ROG Services, Inc. Staff Member

Date