

NOBLES COUNTY FAMILY SERVICE AGENCY

AUTHORIZATION FOR RELEASE OF INFORMATION

INSTRUCTIONS: Please complete Section I and Section II of this form and return it to your county worker by February 22, 2008, OR YOUR BENEFITS WILL STOP.

AUTHORIZATION: I allow the people or places listed below to give information about my income and assets to the NOBLES CNTY FAMILY SERVICES Human Services agency.

SECTION I:

Please fill in the name and address of the place you are authorizing us to contact. (See page 1 of this notice)

Agency/Employer: Pipestone LLC (Suzlon)
Address: P.O. Box 283
St. Louis, MO 63166

I know that the county may share these facts with the Minnesota Department of Human Services.

This release ends one year from the date I sign it.

RIGHTS: I know that state and federal privacy laws protect my records. I know that I must give my written consent before anyone can share this information about me. I know that I do not have to sign this release. I know that I may stop this release at any time.

SECTION II:

Please have RAUL AVILA sign and date the form below.

LOSS OF BENEFITS: IF RAUL AVILA DOES NOT SIGN THIS RELEASE, I KNOW THAT MY BENEFITS WILL END.

Raul Avila
Signature of RAUL AVILA

2/20/08
Date

Other Signature if needed

Date

WORKER: RITA BASSETT

TELEPHONE: (507) 295-5217

Please provide gross wages for the following months

Oct -08
Nov -08
Dec -08