

SOS RELEASE FORM

Verification and Consent Statement

I certify that the answers to all questions and the statement I have made as true and correct to the best of my knowledge and belief. I agree to give SOS staff any information necessary to prove statements about my eligibility. I furthermore give them permission to contact my employer, benefit providers, or creditors to verify information I have provided to establish my eligibility. I understand that this application will be considered without regard to race, color, religion, creeds, national origin, age, sex, handicap, or political belief.

Client's Name (Please Print)

Client's Signature

Date

SOS AUTHORIZATION FOR RELEASE AND REQUEST OF INFORMATION

Client's Name (Please Print)

I hereby authorize SOS to release any information.

I further release the aforesaid Association from all legal responsibility of liability that may arise from the act that I have authorized above.

Client's Signature

Date

Driver's License Nbr

Photo I.D. #

Date

Proof of Residence: _____

(copy of light bill, water bill, insurance bill, etc.)