State of Illinois
Illinois Department on Aging

IDoA
Illinois Department on Aging

Authorization for Release of Information

Applicant/Participant Information

Name:		**For IDoA Use Only:**
Social Security or ID Number:	Date of Birth: _____/_____/_____ MM DD YYYY	
Address:	Illinois County of Residence:	
City:	State:	Zip:

Requestor Contact Information

If you are not the Applicant/Participant, attach the appropriate legal documentation assigning you as the Applicant/Participant's Legal Representative.

Name:	Phone:	Email:
Address *(if different from Applicant/Participant above):*		
Relationship to Participant: ☐ Self ☐ Power of Attorney ☐ Guardian ☐ Other (explain):		

Information Requested:

List the information you are requesting (e.g. specific type of information, specific time frames, specific provider, etc.)

Purpose of Authorization:

List why you are authorizing the release of this information (e.g.: proof of services, possible litigation, etc.)

Send the Information to:

☐ Applicant/Participant (at address above)	☐ Requestor (at address above)	☐ Name and Address of Person, Organization or Agency:
Send as: ☐ Via Secure Email:	☐ Electronically on Computer Disk via USPS	☐ Paper Documents via USPS

Release Authorization: I, the Applicant/Participant or the Legal Representative listed above, authorize the Illinois Department on Aging (IDoA) to release the requested information to the individual or entity listed for the purposes described. I understand that this authorization expires one year from the Date of Authorization and that I may revoke this authorization at any time by sending a written notification to IDoA at an address listed below. If I revoke the Authorization, it will not affect any information released before the revocation was received by IDoA. I also understand that the person receiving this information may disclose the information which may affect my protection under federal or state law.

Printed Name | Signature | Date of Authorization

Send this form and the required Legal Representative supporting documentation to: **IDoA Office of General Counsel, One Natural Resources Way, Springfield, IL, 62702-1271 or email to: Aging.Subpoenas.Authorizations@illinois.gov**