

Applicant or Client SHOULD NOT SIGN UNTIL all Blanks Have Been Filled in

Last Name _____ First Name _____ Middle Initial(s) _____

Street or Mailing Address _____ City _____

State _____ Zip Code _____ Case Number/Social Security Number _____

I authorize the release of information regarding my _____ situation to representatives of the Nebraska Department of Health and Human Services. Such privileged information shall be released by: (One source only. Use additional form for each additional source). _____

Only during the one (1) year following the below given date.

Signature of Applicant or Client SIGN HERE ►	Date
Signature of Spouse, if not separated from applicant or client SIGN HERE ►	Date
Signature of Witness SIGN HERE ►	Date

ASD-46 Rev. 5/2019 (Previous version 11/11 should be used first)

Applicant or Client SHOULD NOT SIGN UNTIL all Blanks Have Been Filled in

Last Name _____ First Name _____ Middle Initial(s) _____

Street or Mailing Address _____ City _____

State _____ Zip Code _____ Case Number/Social Security Number _____

I authorize the release of information regarding my _____ situation to representatives of the Nebraska Department of Health and Human Services. Such privileged information shall be released by: (One source only. Use additional form for each additional source). _____

Only during the one (1) year following the below given date.

Signature of Applicant or Client SIGN HERE ►	Date
Signature of Spouse, if not separated from applicant or client SIGN HERE ►	Date
Signature of Witness SIGN HERE ►	Date

ASD-46 Rev. 5/2019 (Previous version 11/11 should be used first)