



# Seneca Nation

## Disability Services

### **AUTHORIZATION TO RELEASE INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ SS#: \_\_\_\_\_

DOB: \_\_\_\_\_

I request and authorize \_\_\_\_\_  
 Social Security Administration  Dept. of Veteran's Affairs  
 Railroad Retirement Board  
 Other  Employer Please check one

to release and receive information for the above-named to/from:

Name: Seneca Nation Disability Services – Leanna LeRoy or Ashley Kettle

This request and authorization applies to the following information: (check all that apply)

Information relating to the type of service or benefit received:

\_\_\_\_\_

Verification and/or copy of documentation regarding:

Type of benefit and award amount received

Other: SN Department Address Verification/Employment Hours

How does the applicant/recipient wish to have this information transmitted:

Mail  Fax 716-532-8329  Phone: 716-532-4900 ext 5152/5151

Email : [Leanna.leroy@sni.org](mailto:Leanna.leroy@sni.org) or [Ashley.kennedy@sni.org](mailto:Ashley.kennedy@sni.org)

Applicant/Recipient  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Rep./Payee  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS AUTHORIZATION EXPIRES ONE (1) YEAR AFTER IT IS SIGNED.**

**Cattaraugus Territory**

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Irving, NY 14081

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Fax: (716) 532-8329

**Allegany Territory**

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Salamanca, NY 14779