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 Etc.

_____

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 or Ashley.kennedy@sni.org

Applicant/Recipient Signature: _____ Date: _____

Rep./Payee Signature: _____ Date: _____

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

Cattaraugus Territory
12837 Route 438
Irving, NY 14081

Phone: (716) 532-4900 Ext. 5152/5151 (716) 945-8163
Fax: (716) 532-8329

Allegany Territory
PO Box 231
Salamanca, NY 14779