



**REQUEST TO RELEASE SOCIAL SECURITY NUMBER(S)**

I, \_\_\_\_\_, am requesting the release of social security numbers  
(Name of Caregiver)  
for the below listed child(ren).

I am requesting the release of this information for the sole purpose of preparing my income tax return in accordance with requirements of the Internal Revenue Code.

I agree that this information is confidential and may not be utilized or disclosed for any other reason without the express written consent of the Executive Director of Summit County Children Services. Any unauthorized use of this information may constitute a violation of state or federal law.

Foster or  Kinship Caregiver (Signature) \_\_\_\_\_ (Printed Name) \_\_\_\_\_ Date \_\_\_\_\_  
 Foster or  Kinship Caregiver (Signature) \_\_\_\_\_ (Printed Name) \_\_\_\_\_ Date \_\_\_\_\_

**RELEASE OF SOCIAL SECURITY NUMBER**

As an authorized representative of the Executive Director of SCCS, and thereby legal custodian of the below child(ren), I have determined the disclosure requested herein is in the best interest of the child(ren). Therefore, I authorize the release of the social security number(s) of the below named child(ren) for the sole purpose of allowing this foster or kinship caregiver to prepare their income tax return.

\_\_\_\_\_  
Trina Danzy, MSW, LSW  
Department Director, Placement & Permanency Planning  
Date \_\_\_\_\_

\_\_\_\_\_  
Child's Name \_\_\_\_\_ - - \_\_\_\_\_ SSN \_\_\_\_\_ Child's Name \_\_\_\_\_ - - \_\_\_\_\_ SSN \_\_\_\_\_  
\_\_\_\_\_  
Child's Name \_\_\_\_\_ - - \_\_\_\_\_ SSN \_\_\_\_\_ Child's Name \_\_\_\_\_ - - \_\_\_\_\_ SSN \_\_\_\_\_  
\_\_\_\_\_  
Child's Name \_\_\_\_\_ - - \_\_\_\_\_ SSN \_\_\_\_\_ Child's Name \_\_\_\_\_ - - \_\_\_\_\_ SSN \_\_\_\_\_

Return to: \_\_\_\_\_  
Worker/Supervisor

