

**DEPARTMENT OF TRANSITIONAL ASSISTANCE**  
**Authorization to Access DTA Client Case Information**

REQUEST FOR ACCESS TO CLIENT RECORD OF : \_\_\_\_\_  
(Client's Full Name)

1. Client Information:

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Last 4 digits of SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_ or DTA "Agency ID" number: \_\_\_\_\_

Number of Dependent children: \_\_\_\_\_

2. I hereby authorize \_\_\_\_\_  
to have access to my DTA record and discuss my application or eligibility for DTA  
benefits with a DTA case manager, supervisor or other employee.

3. I hereby certify that I am the client named above.

\_\_\_\_\_  
Date (Client's Signature)

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For Department Use Only

4. I find that the information in item 1 and the signature in item 3 match the information and  
signature in the client record.

\_\_\_\_\_  
Name of Dept. Employee (Print) Date