



Authorization to Release

I, _____
(Client Name) SSN/EIN ID# (required)

Hereby authorize release of information pertaining to my records with _____

To:
HR ALLIANCE
PO Box 370
Troy, MI 48099

Fax: 734-513-2706

Information to be released: Please fax this information to (844)830-9426

- 1. Federal ID
- 2. UIA Number
- 3. Workers Compensation
- 4. YTD Budget Utilization
- 5. Other Information related to Self Determination Program
- 6.

This release shall remain in effect until rescinded by me in writing to HR Alliance.

Client or Guardian (Print Name)

DATE

Client or Guardian (Signature)

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484 or by email.