

Phone: 218-772-0289  
Fax: 218-772-0290  
E-mail: mnpayee@gmail.com  
Website: www.mnpayee.org

Hoge & Company  
Representative Payee of Greater MN  
P.O. Box 100  
Ironton, MN 56455

### Consent to Release Information

To: Hoge & Company

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

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

I hereby give my consent to **Hoge & Company** to obtain and/or exchange information for the purpose of either planning for my well-being and/or assuring my continuing eligibility for Social Security benefits.

I also hereby give my consent to **Hoge & Company** to obtain and/or exchange information regarding the item(s) below for the purpose of planning for my well-being.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Social Security Number  | <input type="checkbox"/> Account Ledger | <input type="checkbox"/> Current Monthly Benefits   |
| <input type="checkbox"/> Bank Account            | <input type="checkbox"/> Burial Trust   | <input type="checkbox"/> Medical Bills              |
| <input type="checkbox"/> Wages/Employment Record | <input type="checkbox"/> Utility Bills  | <input type="checkbox"/> Address/Living Arrangement |
| <input type="checkbox"/> Other: _____            |   |   |

Company name \_\_\_\_\_

I am the individual, to whom the requested information/records applies, or the parent or legal guardian of a minor, or a legal guardian of a legally incompetent adult. I declare that I have examined all of the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that Hoge & Company is not responsible if a person authorized to obtain information regarding my account does so with false pretences and Hoge & Company is not responsible for any effect to your benefits caused by releasing the requested information.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Claimant or Legal Gaurdian

\_\_\_\_\_  
Relationship (If not claimant)

\_\_\_\_\_  
Hoge & Company staff member

\_\_\_\_\_  
Date