

**South Carolina Department of Social Services**  
**AUTHORIZATION FOR SPECIAL INVESTIGATION**

Date:

I, \_\_\_\_\_ residing at \_\_\_\_\_  
Name Street Address  
\_\_\_\_\_ hereby authorize the South Carolina Department of Social  
City, State and Zip Code

Services to verify my income, checking accounts, savings accounts, shelter expenses, medical expenses, insurance, disability or retirement benefits (Social Security, Supplemental Security Income, Veterans Administration, etc.), medical history and any other facts relevant to my eligibility for participation in programs administered by the Department of Social Services.

I also authorize any person, partnership, corporation, association or governmental agency possessing information on such matters to release such information to the Department of Social Services.

I certify that I have read the above statement and understand that this gives my permission for release of such information.

Signature:

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Date