

RELEASE AND CONSENT

Return To:
COMPASSION IN ACTION - USA
PO Box 383
SAN DIMAS, CA 91773
(626) 967-6800 Fax: (626) 967-6833

I, _____ request the assistance of your organization in the following matter:

- Federal Agency** _____
Social Security #
- State Agency** _____
Case # or Other Identifying #
- County Agency** _____
Agency Name
- City Agency** _____
State, County, City Location
- Other**

Explain the nature of your problem (*continue on back if necessary*):

I authorize **COMPASSION IN ACTION - USA** to make inquiries on my behalf regarding my problem:

Signature Date

Name (Please Print)

Address Phone (Home)

City State Zip Phone (work)

** **COMPASSION IN ACTION - USA** is a Non-Profit organization staffed by
volunteers as a public service. **