

Appendix H

TITLE VI AUTHORIZATION TO RELEASE INFORMATION FORM

Dearborn County, Indiana
an Equal Opportunity Employer

Name of complainant: _____

Address: _____

Telephone: _____ E-mail: _____

In order for a complete and thorough investigation of my Title VI complaint, I hereby authorize Dearborn County, Indiana to release the following information concerning my complaint:

The documents to be released are described or listed as: _____

I authorize this information to be released to: _____

I understand the information will be handled confidentially in compliance with applicable federal laws.

I understand that I may see the information that is to be sent.

I understand that I may revoke the authorization at any time by written, dated communication.

I have read and understand the nature of this release.

Signature

Witness signature

Printed name

Printed witness signature

Date

Date

Relationship to complainant (if applicable)

Completed form must be submitted to:
Sue Ann Hayden, Title VI Coordinator
Dearborn County Government
165 Mary Street
Lawrenceburg, IN 47025
Phone: (812) 537-8894
Email: shayden@dearborncounty.in.gov