



Per Capita Department  
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Mt. Pleasant, MI 48858

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## AUTHORIZATION FOR RELEASE OF PER CAPITA INFORMATION

The following authorization must be completely filled out and returned for the Per Capita Department to release any information:

**Member Name:** \_\_\_\_\_ **Member #:** \_\_\_\_\_

**Last 4 Digits of Social Security #:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

### INFORMATION REQUEST:

\_\_\_\_\_ Per Capita Verification Letter: (circle one) **Adult / Child**

\_\_\_\_\_ Check Stub(s): (circle one) **Adult / Child** \_\_\_\_\_  
*Please list date(s) of check stubs needed.*

\_\_\_\_\_ Loan History, Date Range: \_\_\_\_\_

\_\_\_\_\_ Check History: Date Range: \_\_\_\_\_

\_\_\_\_\_ Tax Form 1099's: (circle one) **Adult / Child** Tax Year(s): \_\_\_\_\_

\_\_\_\_\_ Direct Deposit Account History, Account #: \_\_\_\_\_

\_\_\_\_\_ Deduction History – Deduction Name: \_\_\_\_\_

\_\_\_\_\_ Other – Description: \_\_\_\_\_

**Agency or Person to release information to:** \_\_\_\_\_

**Mailing Address / Email Address:** \_\_\_\_\_  
*Mailing address - Street, City, State & Zip code / Email Address (if applicable)*

**Fax #:** \_\_\_\_\_ **Contact #:** ( ) \_\_\_\_\_ - \_\_\_\_\_

**Member Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_