

**COUNTY OF MORRIS**  
**DEPARTMENT OF HUMAN SERVICES**  
**OFFICE OF TEMPORARY ASSISTANCE**

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**CLIENT INFORMATION RELEASE**

I, \_\_\_\_\_, give my permission to the Office of Temporary Assistance to receive information from and to discuss my case with the following agencies, individuals or their designated representatives:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

This release is time limited and the information will be used only for professional purposes by people providing services and its confidential nature will be respected.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Effective Dates from: \_\_\_\_\_ to \_\_\_\_\_