



**LUKE A. BRONIN**  
Mayor

# CITY OF HARTFORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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**LIANY E. ARROYO**  
Health Director

## RELEASE OF INFORMATION FORM

To Whom It May Concern:

I, \_\_\_\_\_, give permission to employees of the City of Hartford working  
(Client's name)  
on behalf of the Relocation Program at the Department of Health and Human Services to assist with services,  
advocate for me and my family, and access any additional information so long as it is pertains to my relocation case.

X \_\_\_\_\_  
(Client's signature)

\_\_\_\_\_  
(Date)