



State of Illinois Department of Human Services
Developmental Disabilities
Vendor Fiscal/Employer Agent Services
Consumer Choice...Consumer Control

CONSENT FOR RELEASE OF PROFESSIONAL INFORMATION

Participant Employer name _____ Date of Birth: _____

ACCESS: AVENUES TO CONSUMER EMPLOYER SERVICES & \$UPPORT HEREBY HAS AUTHORIZATION TO SECURE AND RELEASE MY DEMOGRAPHIC AND EMPLOYEE INFORMATION TO THE COMPANY LISTED BELOW, REGARDING THE INDIVIDUAL PARTICIPANT EMPLOYER NAMED ABOVE.

Signature: _____ Date: _____

Name of Signer (please print) _____

Relationship to Participant Employer (if any) _____

This authorization applies to the company listed below:

TRANSAMERICA, LIFE COMPANIES
8330 Allison Pointe Trail
Indianapolis, IN 46250