



**AGENCY ASSISTANCE
RELEASE OF INFORMATION AGREEMENT**

**(Please FAX completed form to: Austin Energy at 505-4028
If you have questions please call 494-9400)**

I (PRINTED NAME) _____ recognize all information related to my customer account is considered confidential by Austin Energy (including my name, address, social security number, usage or consumption, and billing information). I understand that this means that this information will only be provided to me by Austin Energy when I identify myself with my Social Security number, Texas Driver's License number, or Tax Identification number, and service address. By signing below and entering my social security, driver's license or tax identification number, I am giving Austin Energy permission to release my customer account information to (NAME OF AGENCY) _____.

(NAME OF AGENCY) _____ recognizes that this information is being provided by Austin Energy with the above-named customer's permission for the limited purpose of determining the amount of financial assistance that can be provided to assist the customer with his/her utility bill(s). **CHECK ONE BELOW.**

_____ (NAME OF AGENCY) _____ agrees not to use or distribute this information for any other purpose.

_____ (NAME OF AGENCY) _____ agrees not to use or distribute this information for any purpose other than to satisfy the requirements of State or Federal grant programs.

CUSTOMER'S SIGNATURE _____ DATE: _____

CUSTOMER IDENTIFICATION: SOCIAL SECURITY NUMBER _____ - _____ - _____

OR TEXAS DRIVER'S LICENSE NUMBER _____

OR TAX IDENTIFICATION NUMBER _____

CUSTOMER SERVICE ADDRESS: _____

CUSTOMER ACCOUNT NUMBER: _____

CUSTOMER DAYTIME PHONE NUMBER: _____