



CONSENT TO RELEASE FINANCIAL RECORDS

The financial information requested under this form will be released to the Missouri Department of Health & Senior Services, Division of Senior & Disability Services, which is empowered to investigate abuse, neglect and exploitation of vulnerable seniors and disabled adults in accordance with Chapter 565, RSMo, and 192, RSMo.

As part of a current investigation, information is being requested regarding the status and activity of my account(s) for the time period of ... This information may also be furnished to the appropriate law enforcement agency and/or the Prosecuting Attorney. Information obtained will only be used by these agencies in accordance with their official capacities and functions.

Disclosure shall include information relating to the status and activity of my accounts: charges, billing and payment history. Requests for bank records shall include, but not be limited to, the front and back of statements, checks, deposit slips, deposit items, withdrawal slips, cashiers' checks, money orders, currency transaction reports, safety deposit box records, loan files, payment records, wire transfer records, investment account records and signature cards.

With this understanding, I (Print Customer Name) (Social Security #) (Address) (Account #) (City State Zip) (Phone)

hereby give my permission for the release to and exchange of information between the Missouri Division of Senior & Disability Services and (Financial Institution/Business)

This consent to the release of information will remain in effect until the investigation is completed. I have read the explanation of my rights on the back of this form and understand that I have the right to revoke this authorization at anytime. I can be contacted at the number listed above if there are any questions concerning this release, or you may contact of the Missouri Division of Senior & Disability Services at

To ensure a prompt and thorough investigation can be completed in accordance with statute, it is important that the information be provided as soon as possible. The Department has complied with the applicable provisions of Sections 408.675, RSMo, to 408.700, RSMo.

ACCOUNT HOLDER/CONSERVATOR/TRUSTEE/POWER OF ATTORNEY

(Signature) (Date) (Witness Signature) (Relationship/Title) (Date)