WYOMING MILITARY ASSISTANCE TRUST FUND
CONSENT AND AUTHORIZATION TO RELEASE INFORMATION

I,_____(Print Name), hereby authorize consent to the release of financial and military information from any entity to the Wyoming Military Department and its agents for its use in connection with my request for financial assistance.

I understand this consent and release for information is voluntary and that all information obtained will be used only for determining eligibility for, and administration of, financial assistance. I also understand failure to provide this consent and release may result in disapproval of my application for assistance.

I understand I may revoke this authorization at any time, except to the extent that action based on this consent and authorization has already been taken. This consent and authorization will expire automatically six months from the date it is signed.

_____ _____
Signature of Applicant Date

VERIFICATION OF FINANCIAL COUNSELING & FINANCIAL MANAGEMENT PLANNING

You are required to speak with a Personal Financial Counselor (PFC). Call (307)772-5362. If the PFC is not available, contact Military OneSource at 1-800-342-9647. The Counselor will review your Financial Management Plan. After financial consultation, complete below:

I have applied for a grant through the Wyoming Military Trust Fund on_____(Date).

I understand that this consent form will be used to verify that I have discussed my Financial Management Plan (Budget) with a Personal Financial Counselor (PFC).

On_____(Date), I spoke to_____(Name) the Personal Financial Counselor (PFC)/Military OneSource. I authorize the Personal Financial Counselor (PFC) to verify this information.

Financial Management Plan must be submitted with application.

_____ _____
Signature of Applicant Date