



**Texoma Council of Governments**  
1117 Gallagher Dr, Suite 200, Sherman, TX 75090  
Phone: 903-893-2161

**Authorization for Release**

Date: \_\_\_\_\_

**Submit To: CoServ**  
**Pledge Group**

**Customer Name:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Service Address:** \_\_\_\_\_

I, \_\_\_\_\_, authorize CoServ to release information on my  
(Customer name here)

account to **Texoma Council of Governments**. I, \_\_\_\_\_, authorize this release for up to one year  
(Customer initials)

from the above date. **\*\*This release is not transferable.\*\***

Customer's Signature: \_\_\_\_\_

Caseworker name: \_\_\_\_\_

Contact phone number for Caseworker: \_\_\_\_\_