

Lifeline Telephone Application Authorization Release Form – AT&T Wisconsin

This authorization form must be signed and returned along with the completed and signed Lifeline application.

"I give permission to the Department of Health Services to verify to AT&T whether I participate in a low-income assistance programs that would let me qualify for a federal telephone assistance program. AT&T shall maintain the information in this form and any information received about me from the Department as confidential account information."

- Name of Applicant (Please Print): _____
- Applicant Signature: _____ Date: _____