



# GLEAMNS Human Resources Commission

## Signature Waiver Acknowledgement Form

Name of Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

I hereby waive the right to be present for GLEAMNS CSBG/LIHEAP intake services, and my signature below is my authorized waiver and release to GLEAMNS's staff to access my accounts and provide the appropriate service without my signature in person. The following signature is my authorized signature for service, and it waives any other necessary signatures required for service.

Signature for this service:

\_\_\_\_\_  
Authorized Applicant

\_\_\_\_\_  
Date

### Executive Offices

237 North Hospital Street, Greenwood, SC 29646 \* P.O. Box 1326, Greenwood, SC 29648  
Telephone: (864) 223-8434 \* Fax (864) 223-9456 or (864) 223-6609  
[www.gleamnshrc.org](http://www.gleamnshrc.org)