

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Applicant's First and Last Name

Applicant ID

Applicant's Address

Date of Birth

I, the above named individual, have authorized the _____ Housing Authority to verify the accuracy of the information which I have provided to the Housing Authority from the following sources (specify):

I hereby give you my permission to release this information to the Housing Authority. I would appreciate your prompt attention in supplying the information requested on the attached page to the Housing Authority within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your cooperation in this matter.

(signature)

Date signed: _____

THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE NOTED ABOVE.

