

Any Town Housing Authority

1234 Main Street, Anytown, USA

Authorization to Release Confidential Information

I, _____, give the Any Town Housing Authority my permission
(Name)

to contact _____, of the _____ agency in order to get
(Job Title) (Agency Name)

or give confidential information regarding my _____ to be used to
(Subject)

(Purpose)

I understand that my signature on this document I give the Any Town Housing

Authority permission to get/give the above stated information from _____,
(Day/Month)

2010 to _____, 2011.
(Day/Month)

(Resident Name) (Date)

(Any Town Representative) (Date)