

# 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)