(Name of Constituent)

This is a consent for release of information about:

I authorize

(Name of Provider Agency)

to **release** or **obtain** (circle one) the following specific information:

This information may be used only for the purpose of:

I understand I have the right to see this information at any time. I understand that I can revoke this consent in writing to both the person giving and the person receiving the information. Any information already released may be used as stated on the consent. I understand the requested or provided information is needed to determine eligibility for housing and/or social services. This consent is valid only until:

(Date Consent Expires)

This consent is not automatically renewable. It expires automatically at the end of the period specified unless revoked in writing sooner. By my signature below, I affirm that I have read this release, or it has been read to me, and I understand its content.

Constituent Signature

Date

Constituents current address, mailing address, or former address (Circle One)

Witness of Consent

Staff Signature

(If different from witness)