Dennis Housing Authority

167 Center Street
South Dennis, MA 02660
Tel: (508) 394-3120 Fax: (508) 760-2352 TTD: (800) 439-2370

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____

Address: _____

I, the above-named individual, have authorized the Dennis Housing Authority to verify the accuracy of the information which I have provided to the Housing Authority from the following sources (specify) as well as any information they may find from these sources:

Banks/Financial Institutions
Child Care Providers
Courts
Credit Reporting Bureaus
Criminal History
Department of Children and Families
Department of Revenue
Department of Social Services
Elder Services
Employers (past and Present)
Financial Support Agencies
Handicapped Assistance Providers
Homeless Prevention Council
Housing Agencies
Landlords (past and present)
Law Enforcement Agencies
Medical Care Providers
Outreach Coordinators
Pensions/Insurance/Annuities
Registry of Motor Vehicles
Schools/Colleges
Social Security Administration
SORI (Sex Offender Registry)
Unemployment Agency
US Postal Service
Veteran's Administration
Welfare Agencies

I hereby give you my permission to release this information to the Dennis 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 assistance and cooperation in this matter.

_____ _____

(Signature) *(Date)*

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

EQUAL HOUSING OPPORTUNITY