

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):

- | | |
|------------------------------|------------------------------|
| Veteran's Administration | Attorneys |
| Employers (past and Present) | Pensions/Insurance/Annuities |
| Welfare Agencies | Unemployment Agency |
| Banks/Financial Institutions | Registry of Motor Vehicles |
| Department of Revenue | Credit Reporting Bureaus |
| Law Enforcement Agencies | Courts |
| Medical Care Providers | Child Care Providers |

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.

Dennis Housing Authority
167 Center Street
South Dennis, MA 02660
(508) 394-3120

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

Thank you for your cooperation in this matter.

(signature)

(date)

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