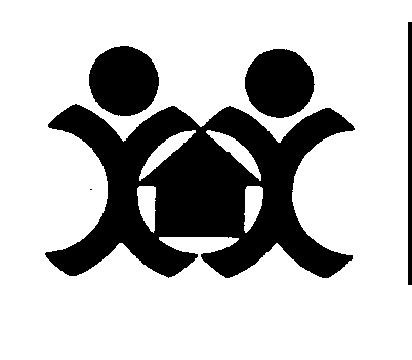
|  |  |
| --- | --- |
| **BOSTON HOUSING AUTHORITY** | Phone: 617-988-3400 |
| Occupancy Department | Fax: 617-988-4214 |
| 52 Chauncy Street, 3rd Floor | TDD: 800-545-1833 x420 |
| Boston, Massachusetts 02111 | www.BostonHousing.org |



# AUTHORIZATION OF RELEASE

**AUTHORIZATION TO INSPECT AND/OR COPY RECORDS**

**CLIENT CONTROL #** {% if has\_client\_number and client\_control\_number %} {{ client\_control\_number }} {% endif %}

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**LOCATION CODE:(Office Use Only)**

I, {{users[0] }} (The Applicant), of {{ users[0].address.on\_one\_line() }} (address), having Social Security No. {{ user\_social\_security }}, hereby authorize {{ agency }}, {{ agency\_phone\_number }}, {% if agency\_relationship == "Other" %}{{ other\_relationship }}{% else %}{{ agency\_relationship }}{% endif %}, to inspect and/or copy all records maintained by the Boston Housing Authority Occupancy Department as part of my applicant file. I understand that a photocopy of this authorization is as valid as the original.

|  |  |  |
| --- | --- | --- |
|  |  | {{ user\_signature }} |
| {{ today() }} |
| Date |  | Signature of Applicant |
| For purposes of discussing my eligibility for public housing **only**, I further Authorize {{ agency }} to inspect **(Not Copy)** any CORI information about me held by the Boston Housing Authority. | | |
|  |  | {{ user\_signature }} |
| {{ today() }} |
| Date |  | Signature of Applicant |

|  |
| --- |
| **THIS AUTHORIZATION IS VALID FOR A PERIOD** **OF ONE YEAR FROM THE DATE NOTED ABOVE** |
| Occ. Dept. – Rev 2013 – Word/authorize to Release |

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