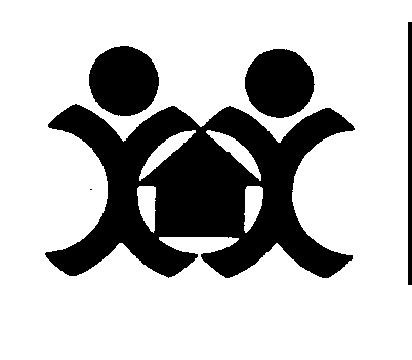
**BOSTON HOUSING AUTHORITY** Phone: 617-988-3400



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 #** {{ client\_control\_number }}

­­

**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 }}, {{ agency\_relationship }}, 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.

|  |
| --- |
| {{ users[0].signature }}  {{users[0].address\_block()}}  Signature of Applicant |

{{ today() }}

Date

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.

|  |
| --- |
| {{ users[0].signature }} |
| {{users[0].address\_block()}} |
| Signature of Applicant |

­­­

{{ today() }}

Date

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

|  |
| --- |
| Occ. Dept. – Rev 2013 – Word/authorize to Release |