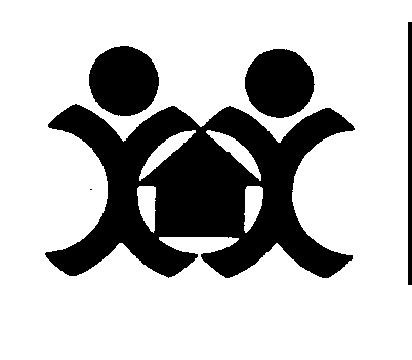
**BOSTON HOUSING AUTHORITY** Phone: 617-988-3400



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 (Address) \_\_\_\_\_\_\_ {{ users[0].address\_block() }} \_\_\_\_ having Social Security No. \_\_{{ user\_social\_security }}\_ hereby authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_{{ agency }} \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please Print)

{{ agency\_phone\_number }} \_\_{{ agency\_relationship }}\_\_

(Day Time 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.

­­­

\_\_\_{{ today() }}\_\_\_ {{ users[0].signature }}

Date {{users[0].address\_block()}}

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