

Easton Housing Authority

Parker Terrace
No. Easton, MA 02356
Tel. (508) 238-4747
FAX (508) 230-9694

Easton Housing Authority

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____

ADDRESS: _____

I, the above named individual, have authorized the Easton Housing Authority to verify the accuracy of the information which I have provided to the Housing Authority, from the following source:

I hereby give you my permission to release this information to the Easton Housing Authority subject to the conditions that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the Easton 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 DATE SIGNED.