



Housing Department Privacy Authorization Form

** authorization & consent to disclose protected housing information

1: Authorization

I authorize _____ of the TFN housing department to use and disclose protected housing documents describe below to the following person(S) or place of business _____ individual seeking the information.

2: Effective Period

I authorize for release of information covers (Month, Date, Year) _____ from to _____.

Or B:

All Past, present & future documents. _____ Tenant initial _____

3: Extent of Authorization

I authorize the complete record of my housing file - including tenancy agreements, financial information, complaints & requests etc. Yes _____ No _____

Or B:

I authorize the following housing item(s) to be released:

- Complaints /Appeals
- Financial information
- Tenancy Agreement
- Rent verification
- Credit History

4: This information may be used by the person I authorize to use the information for the purpose its intended for or other purpose I may intent it for.

5: This authorization may be in effect until _____ at which time this authorization expires.

6: I understand I have the right to revoke this authorization in writing at anytime.

Tenant Signature

Date Signed:
