



## CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

Name:	Date of Birth:
Address:	Social Security Number: <i>For identification purposes only</i>

**I authorize the exchange of confidential information between the following agencies and persons:**

Housing Program & Agency	
Public Housing Agency	
Local Coordinated Entry Lead	
WI Balance of State CoC Staff	
Other	
Other	

The purpose of this release is to coordinate services related to the referral to the Emergency Housing Voucher program. This information can be exchanged either orally or in written format.

- I understand that the information obtained and exchanged under the release will only be used for the above purpose.
- I understand that information in my housing program records is confidential and that I approve the release of only the information necessary to facilitate the EHV referral process.
- Releasing this information to be exchanged between the above parties will provide a service or benefit to me.
- I understand the purpose of this authorization.
- I am signing on my own and have not been pressured to do so.

I/We agree that a photocopy of this authorization may be used for the purposes stated above. I/We understand that I/We may revoke this authorization, in writing, at any time except where information has already been released as a result of authorization. Unless revoked, this authorization will remain in effect until the expiration time I have indicated below.

Authorization expires as of

Authorization expires after the following action takes place:

**SIGNATURES**

Tenant Signature	Print Name	Date
Tenant Signature	Print Name	Date
Tenant Signature	Print Name	Date
Tenant Signature	Print Name	Date