

**Authorization for Release of Information
to Linn-Benton Housing Authority**

I _____ authorize the following person(s) to have access to information in my Section 8 file with Linn-Benton Housing Authority. I further authorize Linn-Benton Housing Authority to discuss with the following person(s) any information in my Section 8 file.

Name(s): _____

Address: _____

Phone: _____

Participant Signature

Date