

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

I (Applicant/Participant Print Name) _____,
last 4 of SSN _____, authorize the following agency/person 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 agency/person any information in my Section 8 file. I
may update, remove, or change the information provided on this form at any
time.

AGENCY RELEASE

Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

INDIVIDUAL RELEASE

Name: _____

Relationship to Applicant/Participant: _____

Phone: _____ Email : _____

Address (optional) : _____

Applicant/Participant Signature

Date