



Sonoma County Community Development Commission
Housing Authority
141 Stony Cir. Suite 210 Santa Rosa, CA 95401

RELEASE OF INFORMATION

I, _____ (Name of Applicant/Participant), hereby authorize the Sonoma County Housing Authority and any members of its staff to receive and release information related to my participation in rental assistance programs administered by the Sonoma County Housing Authority with the following persons and/or entities:

(Name of Person or Entity to whom information may be released)

This authorization is for full disclosure of all information pertaining to my file, situation, and case, including confidential information. Information may be conveyed in person or via facsimile, electronic mail, telephone, or any other means of communication.

This authorization ends one year from the date below.

PRINT NAME: _____

SIGNED: _____ DATED: _____

