



## AUTHORIZATION FOR RELEASE OF INFORMATION

<b>Applicant's Name:</b>	<b>Co-Applicant, if applicable:</b>
<b>Physical Address:</b>	
<b>City, State, Zip Code:</b>	
<b>Phone Number:</b>	<b>Email:</b>

By signing below, i am giving consent to the Choctaw Nation of Oklahoma Housing Authority to release any information pertaining to my application or services rendered to the below-named individual(s).

<b>Name:</b>	<b>Relation:</b>
<b>Name:</b>	<b>Relation:</b>
<b>Name:</b>	<b>Relation:</b>
<b>Name:</b>	<b>Relation:</b>
<b>Name:</b>	<b>Relation:</b>

Date on which the authorization/consent will begin: \_\_\_\_\_

Authorization is valid one (1) year from the date on which consent began. Any changes to information stated above must be submitted in written form by named applicant(s).

<b>Signature of Applicant:</b>	<b>Date</b>
<b>Signature of Applicant:</b>	<b>Date</b>

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