



## CONSENT FOR RELEASE OF INFORMATION

I, \_\_\_\_\_

Authorize \_\_\_\_\_ to disclose the following  
information: \_\_\_\_\_.

The purpose of this disclosure is: \_\_\_\_\_.

I understand that my records are protected under the Federal regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it.

Signature \_\_\_\_\_ Dated \_\_\_\_\_

Signature \_\_\_\_\_ Dated \_\_\_\_\_

### **ATTENTION RECIPIENT: Notice Prohibiting Redisclosure**

This information has been disclosed to you from the records protected by Federal confidentiality rules (42 C.F.R. Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.

The information on this application is true and correct to the best of my knowledge. I hereby authorize or its agents to verify the above information and obtain either a consumer or investigative credit report. I understand that the \$\_\_\_\_\_ fee for verifying this rental

application is not a deposit of rent, and will not be applied to future rent, or refunded, even if this application to rent is declined.

**NOTE: ALL APPLICANTS MUST SIGN BELOW.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_