



AUTHORIZATION FOR RELEASE OF CLIENT INFORMATION

(Please print or type the following)

RE: _____ (Client Name) _____ (HA ID Code)
 _____ (Address)
 _____ (City / Zip Code)
 _____ (Social Security Number)

I am requesting that the following person(s) / Agency act on my behalf in the resolution of my Rental Housing Application and/or Assistance.

_____ Designated Person(s) / Agency

I hereby authorize the Housing Authority of the County of Santa Barbara to release any and/or all information regarding my individual housing assistance file to the designated person(s) and/or Agency. Additionally, I authorize said designated person(s) and/or Agency to provide/release and/or all information to the Housing Authority from my client file. I understand that this release will remain effective for a period not to exceed twelve (12) months from the date as signed/authorized below.

_____ Designated Person(s) / Agency

 _____ Client Signature _____ Date

200 W. Williams
 Santa Maria, CA 93454
 (805) 925-4333
 fax (805) 922-9608

917 W. Ocean Ave.
 Lompoc, CA 93436
 (805) 735-8351
 fax (805) 735-9263

5575 Arroyos Ave.
 Goleta, CA 93117
 (805) 967-3482
 fax (805) 964-0027