



NORTH ADAMS HOUSING AUTHORITY

150 ASHLAND STREET - P.O. BOX 666
NORTH ADAMS, MASSACHUSETTS 01247-0666

PHONES (413) 663-5379 AND 663-5370
FAX (413) 664-7223
TTY (413) 664-7710

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____

Address: _____

I, the above named individual, have authorized the North Adams Housing Authority to verify the accuracy of the information which I have provided to the Housing Authority from the following sources:

- | | | |
|--------------------------------------|--------------------------------------|--------------------------------|
| Previous landlords | Past and present employers | Utility Companies |
| Courts and Post Offices | Welfare Agencies | Medical Providers |
| Veterans Administration | Retirement Systems | State Unemployment Agencies |
| Credit Providers | Credit Bureaus | Social Security Administration |
| Law Enforcement Agencies | Support & Alimony Providers | |
| Banks & other Financial Institutions | Criminal Offender Record Information | |

I hereby give you my permission to release this information to the Housing Authority. I would appreciate your prompt attention in supplying the information requested on the attached page to the Housing Authority within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your cooperation in this matter.

Date signed: _____

(signature)

THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE NOTED ABOVE.

