

HOUSING AUTHORITY of the CITY of UPLAND

1200 N. Campus Avenue • Upland, CA 91786
Phone: (909) 982-2649 • FAX: (909) 982-0237



AUTHORIZATION FOR RELEASE OF INFORMATION

Date: _____

Name: _____

Address: _____

Telephone Number: _____

Last Four Digits of Social Security Number: _____

I, _____, hereby certify that I am the individual named above. I hereby authorize the Upland Housing Authority to disclose information pertaining to my housing assistance and/or application for assistance to the individuals or agencies listed below for the purpose of (check one):

‘ responding to the complaint I have filed with an agency or individual listed below;

‘ inquiries regarding the status of my application or housing assistance;

‘ other (specify): _____

I understand that the knowing and willful request for, or acquisition of, a record pertaining to an individual under false pretenses is a criminal offense under the Privacy Act and subject to a \$5,000 fine.

Signature

Date

Name(s) and address(es) of agencies or individuals to whom the Upland Housing Authority (UHA) is authorized to disclose information about the above-named subject:

1. _____
Name Address

2. _____
Name Address

3. _____
Name Address

This authorization form will automatically expire 180 days from the date of signature.