



Housing Authority Of The Town Of Ellington

P. O. Box 416, 20 Main Street, Ellington, Connecticut 06029

CONSENT

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____

ADDRESS: _____

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

Social Security	Retirement & Pension Systems
Department of Public Welfare	Employer & Past Employers
Department of Employment Security	Banks
Veteran's Administration	Payers of Child Support
Trust Administrators	Insurance Companies
Landlords	Personal References
Credit Bureaus	

I hereby give my permission to release this information to the Ellington Housing Authority subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the Ellington 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 assistance and cooperation in this matter.

Signature

Date

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