

**BOURNE HOUSING AUTHORITY  
871 SHORE ROAD  
POCASSET, MA 02559  
PHONE: 508-563-7485  
EMAIL:INFO@BOURNEHOUSING.ORG**

**GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

Courts	Department of Children and Families
Criminal History	US Department of Veteran Affairs
Law Enforcement Agencies	Banks/Financial Institutions
Employers: Past and Present	Department of Social Services
Schools and Colleges	Landlords
US Department of Defense	Alimony Provider
US Postal Service	Child Care Provider
State Employment Security Agencies	Child Support Provider
US Social Security Administration	Creditors
Welfare Agencies	Handicapped Assistance Providers
Annuity Providers	Pension Providers
Medical Care Providers	Department of Revenue
Credit Reporting Bureaus	Registry of Motor Vehicles

I hereby give you my permission to release this information to the Bourne Housing Authority subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested to the Bourne 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.***

