



AUTHORIZATION FOR RELEASE OF INFORMATION

Applicant's Name:	Co-Applicant, if applicable:
Physical Address:	
City, State, Zip Code:	
Phone Number:	Email:

By signing below, i am giving consent to the Choctaw Nation of Oklahoma Housing Authority to release any information pertaining to my application or services rendered to the below-named individual(s).

Name:	Relation:
Name:	Relation:
Name:	Relation:
Name:	Relation:
Name:	Relation:

Date on which the authorization/consent will begin: _____

Authorization is valid one (1) year from the date on which consent began. Any changes to information stated above must be submitted in written form by named applicant(s).

Signature of Applicant:	Date
Signature of Applicant:	Date

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