

## Authority for Release of Information

To Whom It May Concern:

I hereby authorize the Samish Indian Nation Housing Department, within one year of its date, to release any information to other Indian Housing Authorities, Tribes, Residential Management Agents, Landlords (potential or previous), employers, criminal justice agencies, or other agencies and/or other departments within the Samish Indian Nation. I understand that the information is for official use only and may be disclosed to such third parties as necessary in the fulfillment of their responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Tribal Enrollment No. \_\_\_\_\_

Signature	Date
Samish Indian Nation Housing Department	Date

THIS AUTHORIZATION EXPIRES ONE YEAR FROM THIS DATE: \_\_\_\_\_

MY AUTHORIZATION MAY BE REVOKED AT ANY TME WITH MY WRITTEN REQUEST.