



**Consent to Release Confidential Information**

I, \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

do hereby consent and authorize \_\_\_\_\_ to release any information pertaining to me to the agency/persons indicated below:

- Diane Morgan – Director Housing Services
- Sanford Heard – Housing Services Case Manager
- Jessica Zaragoza – Housing Services Coordinator
- Ryan White Services - Public Health Case Manager/Eligibility Specialist/Human Services Tech

*This release is intended to gather information needed to assist with establishing eligibility for programs offered through HUD, DSHS, TDHCA, and other local, State, or Federal programs administered by Nortex Regional Planning Commission.*

The duration of this authorization shall not exceed:

- Six (6) months from the date of my case from the Program
- Twelve (12) months from the date of my case from the Program

*I understand that I may revoke this consent at any time by notifying the facility in writing, except to the extent that action has been taken in reliance on my consent. A photocopy of this authorization is to be considered as valid as the original document.*

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature (if required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

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A listing of specific information which may be disclosed in special cases to aid in receipt of assistance: (Check all that apply)

- Presence in shelter/temporary housing unit (admit/discharge date)
- Medical (including HIV services, alcohol/drug treatment)
- Other: \_\_\_\_\_