



**VOLUNTARY AUTHORIZATION
FOR RELEASE OF
RECORDS AND INFORMATION**

I, _____, authorize any of the agencies and/or

(Please Print)

persons listed below to release and give to Housing Authority of the County of Cumberland ("the Housing Authority") any and all information requested for the purpose of determining my eligibility, level of assistance and continued occupancy for the Housing Choice Voucher Program. I also give permission to the Housing Authority to release and give information to the agencies and/or persons listed below to assist me in applying for or receiving other social services, benefits or assistance. I have been provided with the opportunity to cross-off and initial any agency for whom I do not want the Housing Authority to share my information.

American Red Cross C.A.R.E.S. CareerLink Center for Independent Living Community Action Commission CPARC Cumb. Co. Children & Youth Cumb. Co. Homeless Assist. Program Cumb. Co. MH/IDD Cumb. Co. Aging/Community Services Cumb. Co. Probation & Parole Cumb. Co. School Districts Cumberland Link Cumb./Perry D&A Commission Cumberland Provider Data Co-op Department of Human Services, County Assistance Office Daikon Lutheran Social Ministries	Domestic Relations Domestic Violence Services of Cumberland and Perry Counties Employment Skills Center Franklin Family Services Geisinger/Holy Spirit Behavioral Health Hope Station James Wilson Safe Harbour Landlords (Current & Prior) Local & State Legislative Offices Local & State Police Departments Community Partners for Change (formerly LHOT Local Housing Options Team) Maranatha Merakey Mid-Penn Legal Services New Hope Ministries	New Visions Office of Inspector General Pennsylvania Counseling Services Pennsylvania Psychiatric Institute Project Share Public Housing Authorities Public Utility Company Roxbury Treatment Center Sadler Health Clinic Salvation Army Samaritan Fellowship Social Security Administration Todd Baird Lindsey Foundation UCP of Central PA YMCA YWCA Others:
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I further understand that any and all information obtained by the Housing Authority for the aforementioned purposes will be held in strict confidence and maintained by the Housing Authority in a secure place to be used solely for the purposes set forth above in accordance with applicable federal and state privacy laws.

This Release expires fifteen (15) months after signed.

Signed: _____ Date: _____

