



## AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, authorize the Sault Tribe Housing Authority  
(Tenant or Applicant)  
to discuss my housing application or housing information with the following  
individuals:

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
(relationship)

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
(relationship)

I understand that this will remain in effect as long as my application or tenancy for housing is active. I also understand that I may revoke this consent, in writing, at any time.

\_\_\_\_\_  
Signature of applicant/tenant

\_\_\_\_\_  
Date