

NORTON HOUSING AUTHORITY

120 W. Main Street
Norton, Massachusetts 02766
TELEPHONE: 508-285-3929 FAX: 508-285-5073

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____

Address: _____

I, the above named individual, have authorized the Norton Housing Authority to verify the accuracy of the information which I have provided to the Housing Authority from the following sources:

Internal Revenue Service	Welfare Agencies	State Empl. Security Agency
Department of Revenue	Real Estate Agencies	City/Town Departments
Credit Reporting Bureaus	Stock/Bond Brkg. Houses	Public Utility Companies
Financial Institutions	Mortgage Companies	Credit Card Issuers
Criminal History Board	Landlords	
Past Employers	Registry of Motor Vehicles	Providers of: Alimony, Child
Law Enforcement Agencies	Banks	Support, Child Care, Health
Schools & Colleges	Courts	Care, Medical Care, Pensions,
Present Employers	Social Security Admin.	Annuities, Credit, Handicap
U S Postal Service	Office of Personnel Mgmt.	Assistance.
U S Dept. of Defense	Dept. of Veterans Affairs	

I hereby give you my permission to release this information to the Housing Authority. I would appreciate your prompt attention in supplying the information requested on the attached page to the Housing Authority within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your cooperation in this matter.

(signature) Date signed: _____

THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE NOTED ABOVE.