



BOSTON HOUSING AUTHORITY

Occupancy Department
52 Chauncy Street, Floor 3
Boston, Massachusetts 02111

Phone: 617-988-4200
Fax: 617-988-4214
TDD: 800-545-1833 x420
www.BostonHousing.org

**AUTHORIZATION OF RELEASE
AUTHORIZATION TO INSPECT AND/OR COPY RECORDS**

CLIENT CONTROL # _____

LOCATION CODE: (Office Use Only) _____

I, _____ (The Applicant)
of (Address) _____

_____ having Social Security No. _____ hereby authorize
_____ (Please Print)

(_____) _____
(Day Time Phone Number) (agency/relationship)

to inspect and/or copy all records maintained by the Boston Housing Authority Occupancy Department as part of my applicant file. I understand that a photocopy of this authorization is as valid as the original.

Date

Signature of Applicant

For purposes of discussing my eligibility for public housing **only**, I further Authorize _____ to inspect **(Not Copy)** any CORI information about me held by the Boston Housing Authority.

Date

Signature of Applicant

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