



**AUTHORIZATION FOR USE OR DISCLOSURE OF INFORMATION FROM
THE HOUSING AUTHORITY OF THE CITY OF SALEM
(non-protected health information)**

Client Information

I _____, hereby authorize the Housing Authority of the City of Salem ("SHA") to disclose the following information to the party indicated below.

Information to be released or disclosed to

Name: _____

Phone: _____

Address: _____

City, State, Zip Code: _____

Email: _____

Information to be released or disclosed

Specific information to be released or disclosed: _____

Client Signature

By signing below, I hereby authorize SHA to disclose the above-stated information to the above-stated party. I hereby acknowledge that this release will remain effective until _____ or for 180 days from the date of signing and that I may cancel this authorization at any time.

Client Signature: _____

Date: _____

Signature of Parent/Legal Guardian/Authorized Person (if client is minor or if applicable):

Relationship to Client: _____

Date: _____