Housing Connections

Authorization of Release of Personal Information to a Third Party

Applicant information			
First name:		Last name:	
Street address:			
City:		Postal code:	
Telephone:		Application #:	

Release

I, _____ , authorize the release of personal information from
(Applicant name)

Housing Connections to _____ about my application
(Third party name)

for subsidized housing.

Signature:		Date:	

Please mail this completed form to:
176 Elm Street
Toronto, ON
M5T 3M4

Or fax to:
(416) 981-6112