



AUTHORIZATION TO RELEASE INFORMATION

Name: _____

Address: _____

I hereby authorize the **DeKalb County Department of Community Development** to obtain information regarding the following:

- Income
- Employment
- Mortgage/Loan Information

I understand that a credit bureau report may also be required for the Community Development Department representatives to determine program eligibility and that a third-party agency may require additional signed authorization.

I understand that my authorization will remain in effect for (3) years from the date below and that the information will be handled confidentially in compliance with all applicable laws.

I understand that I may see the information to be sent and may revoke this authorization at any time by written, dated communication.

I have read and understand the nature of this release.

Signature

Date

Printed Name (First Name, MI, Last Name)

Witness Signature

Printed Name (First Name, MI, Last Name)