RELEASE AND AUTHORIZATION

1,	, 01				
(Name)	-	(Street)	(City)	(State)	(Zip code)
hereby authorize					
•				4	
Name				•	
Address					
Agency					
to discuss any and all ma employees which they m Housing Authority may authorize the aforesaid t employees with copies o	nay wish to discuss feel are related to a o provide the New of any and all docu	with me re my housing ton Housing ments which	garding any or my applig Authority, in refer to me	matters wh cation for h its agents, s	ich the Newto ousing. I furth servants or
the Newton Housing Au	thority through its	representati	ves.		
I hereby waive any and a with the Newton Housin	•	•	•		amed coopera
c					
Signature of Tenant/App	olicant			Date	