CITY OF BULLHEAD CITY

REHABILITATION PROGRAM

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT:

      I / We, the undersigned, authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the <u>City of Bullhead City Rehabilitation Program/Housing Division</u> any information or materials needed to complete and verify my application for participation in the City of Bullhead City Housing Rehabilitation Program. I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use of the City of Bullhead City.

INFORMATION COVERED:

      I understand that verifications and inquiries that may be requested are limited to criminal activity. I further understand that this Authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a rehabilitation assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED:

      The groups or individuals that may be asked to release the above information includes but is not limited to: background check services; other home rehabilitation agencies or activities; courts; or police agencies.

      I hereby release you, as the custodian of such records, including its officers, employees, or related personnel both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or with any attempt at compliance.

CONDITIONS:

      I agree that a photocopy of this Authorization may be used for the purposes stated above. The original of this Authorization is on file with the Bullhead City Housing Division and will stay in effect for one year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

Printed Name: _____   Date of Birth: _____

Signature: _____   Date Signed: _____

Printed Name: _____   Date of Birth: _____

Signature: _____   Date Signed: _____