

Consent to Release Information

I/we, _____, consent to the release of records or information on my behalf to the entities or party below on this form:

- I/we request that Piedmont Triad Regional Council (PTRC) release information related to my Section 8 Housing Choice case file, if available, to the person or entity listed below, who has submitted a request for information on my case:

 (Organization/Name)

 (Phone)

 (Address)

 (City, State, Zip)

 (Email)

- I/we release PTRC from all claims or causes of action arising out of or related to PTRC's release of records to the above-named person or entity.
- I/we acknowledge that I/we have read this consent form and fully understand it.
- I/we acknowledge that this consent form may not be changed orally, and that this consent form will automatically expire in 180 days from the date listed below.

 Signature

 Name (Please print)

 Date

State of North Carolina, Count of _____. The foregoing instrument was acknowledged before me this _____ (date) by _____ (name of person acknowledged).

Notary Public: _____

Printed Name: _____

Commission Expires: _____