

# Vermont State Housing Authority Release of Information

I (please print) \_\_\_\_\_ give permission for Vermont State Housing Authority (VSHA) and any and all of the below named agencies to share information related to my housing needs. This may include but is not limited to application and recertification paperwork including needed verifications, waitlist status and termination of assistance.

Name of Agency	Phone number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This also includes information related to my criminal background check:  
YES       NO

This consent form expires 15 months after signed or at my request, whichever comes first.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature