

**YWCA of Seattle, King County and Snohomish County
Authorization for Release of Personal Information**

The authorization for Release of Personal Information should be completed in case one of the organizations you have listed on your application does not release requested information without your permission as it specifically relates to your rental application.

To: _____ Return To: _____

_____ I hereby request and authorize you to release to the YWCA of Seattle, King County, and Snohomish County the following types of information, which you have pertaining to me.

_____ I hereby authorize the YWCA of Seattle, King County, and Snohomish County to release to you the specified information requested.

THIS CONSENT CAN BE STOPPED (IN WRITING) AT ANYTIME EXCEPT TO THE EXTENT THAT ACTION HAS ALREADY BEEN TAKEN.

COMPLETE BELOW

INFORMATION	DATE OF AUTHORIZATION	CLIENT'S INITIALS
Social information		
Housing Contracts, (landlords, apartment Managers)		
Financial Information		
Employment information		
Other (Please describe below)		

This Release of Information will expire without notice on (Date): _____, 2003.

Client's Social Security Number

Client's Signature

Client's Birth date: Month/Day/Year

Client's Maiden Name (or any other used)

**Witness' Signature Date

**Witness' Signature Date

** If unable to write his or her name, the client should enter an "X" or other mark. Signatures of two witnesses are required.