



**AUTHORIZATION FOR THE RELEASE OF  
INFORMATION**

*In accordance with HUD PIH Notice 2008-XXX, which cross-references PIH Notice 2008-38, a release of information must be signed by the Head of Household and each DHAP family member age 18 or older that is participating in case management services.*

By my signature below I do hereby authorize all of the following:

I authorize my DHAP case manager to report information in the DHAP Case Management Reporting System.

I authorize my DHAP case manager to share information with other service providers involved in the Individual Development Plan for each family member.

I authorize the DHAP PHA administering my assistance to transfer case management data if I move into the jurisdiction of another DHAP PHA.

\_\_\_\_\_  
Printed name of Head of Household

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date