

AUTHORIZATION FOR DISCLOSURE OF RECORDS
HIPAA Compliant

Name: _____ Date of Birth: _____ SSN: _____

I hereby authorize the use or disclosure of the above named individual's personal information as described below:

Information to be released from: _____

Information to be sent to: **TOWNE HOUSING REAL ESTATE**
885 Niagara Street, Ste. 101
Buffalo, NY 14213
Phone: 716-264-4135
ehuntington@townehousing.com

Information to be disclosed:

Employment record, including, but not limited to, payroll, benefits, evaluations, applications, and time loss.

Prior rental history, including, but not limited to, applications, payment history, and feedback from past landlord.

Public benefit eligibility, including, but not limited to, applications, benefit eligibility, and rental history

Purpose for which disclosure is being made:

- Rental
- Application

My rights: I understand I do not have to sign this authorization in order to obtain approval of my application for an apartment managed by Towne Housing Real Estate. I may revoke this authorization in writing. I release any person or entity who is being requested to furnish information to Towne Housing Real Estate from all liability whatsoever resulting from such disclosure.

Signature: _____ Date: _____

Towne Housing Real Estate Guaranty: Towne Housing Real Estate will treat any information received pursuant to this authorization as confidential information. It will not be disclosed to third parties not affiliated with Towne Housing Real Estate without the applicant's express written consent.

Signature: _____ Date: _____

**This authorization will expire 45 days from the date signed.
A copy of this authorization shall have the same force and effect as the original.**