



Albert Lea Housing & Redevelopment Authority
800 4th Ave South
Albert Lea, MN 56007
Phone: (507) 377-4375 Fax: (507) 373-0991

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, _____ hereby give authorization to release any and all information and documentation necessary to determine pre-eligibility, eligibility and continued eligibility for housing assistance through the Albert Lea HRA. Information requested includes but may not be limited to:

Previous Landlords	Past and Present Employers	Utility Companies
Court and Post Offices	Welfare Agencies	Medical Providers
Veterans Administration	Retirement Systems	State Unemployment Agencies
Credit Providers	Credit Bureaus	Social Security Administration
Law Enforcement Agencies	Support & Alimony Providers	Banks and other Financial Institutions
Criminal Background Record Information	Housing Authorities	Federal INS
Educational Institutions		

I hereby give you permission to release this information to the Albert Lea Housing and Redevelopment Authority. I would appreciate your prompt attention in supplying this information requested to the Housing Authority within five (5) days of receipt of this request.

A photo or facsimile copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original. This authorization is valid for a period of fifteen months (15) after it is signed.

Applicant/Tenant Signature

Date

Applicant/Tenant Signature

Date

Applicant/Tenant Signature

Date