



PO Box 682
Colorado Springs, CO 80903
Phone: 719-329-1244
www.familypromisecos.org
An Interfaith Hospitality Network

Consent to Release Information

Head of Household Name & DOB: _____
2nd Adult Name & DOB: _____

I hereby give permission to Family Promise of Colorado Springs to share and receive the following:

- | | |
|---------------------------|---------------|
| First and Last Name | Date of Birth |
| Social Security Number | Gender |
| Rent/Mortgage Information | |

With the following local agencies:

Agency Name:

Agency Address, Phone Number, Email:

Such disclosure aims to further collaboration and coordination of services in compliance with Family Promise of Colorado Springs' housing programs and Community Care programs.

I understand I may revoke this consent at any time and that, in any event, it expires automatically as described below or annually. The specific date, event, or condition upon which this consent expires is one year after the date signed.

I hereby release the provider from any liability which may result from furnishing the information as authorized in the release. Regulations prohibit disclosure of this information without my specific written consent. If information is released to the above-mentioned agencies beyond the above-mentioned parameters by the identified agency, I will not hold the above-mentioned agencies liable for the acquisition of this additional information. If the consent is revoked, my case management records may not be redisclosed without further written consent. A photocopy of this authorization will be considered as valid as the original.

HOH Signature _____ Date _____

2nd Adult Signature _____ Date _____