

## AUTHORIZATION FOR THE RELEASE OF INFORMATION

Name:	Date of Birth:
Address:	Social Security #:
Phone(Home):	Phone(Work):

TO WHOM IT MAY CONCERN:

I hereby authorize any and all financial institutions as well as any and all current and former employers to furnish to any employee of the City of Baytown's Planning, Inspections, and Community Development Department any and all documents, reports, charts, information or opinions, which they may request relative to the above-named person's past, present or future financial and/or employment status and to allow any such employee the right to procure or copy the same.

You are specifically and expressly released for my liability, which would otherwise arise for the release of this information; and I waive, on behalf of myself and any persons who may have an interest in the matter, all provisions of law relating to the disclosure of confidential information.

The release of information is requested for the purpose of my participation in the City of Baytown's Homebuyers' Assistance Program.

You are specifically and expressly authorized to accept a copy of this authorization as though it were an original. This release is valid for twelve (12) months after the signed date.

Signed this the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

State of Texas           §

§

County of Harris       §

SUBSCRIBED AND SWORN TO BEFORE ME on the \_\_\_ day of \_\_\_\_\_,  
200\_\_\_\_, to certify which witness my hand and official seal.

[Seal]

\_\_\_\_\_  
Notary Public of the State of Texas