

**SCHUYLKILL COMMUNITY ACTION
200 North 2nd STREET
POTTSVILLE, PA 17901
570-622-1995**

CONSENT FOR RELEASE OF INFORMATION

I _____ hereby
authorize _____
to release rent payment and arrears information to Schuylkill Community Action
for the specific purpose of determining program eligibility.

STATEMENT OF CONFIDENTIALITY

I have been advised that to protect the confidentiality of my records, my agreement to obtain or release information is necessary and that this permission is limited for the purpose and to the persons listed above. I understand that further disclosure is prohibited by State and Federal regulation and that further disclosure of this information cannot be made without the prior written consent of the person to whom it pertains. This consent is valid only for the period (2) years from the date of authorization. I understand that this authorization maybe withdrawn at anytime by my written statement.

DATE

CLIENT SIGNATURE

SCA STAFF