

Consent to Release Information

I/we, _____, consent to the release of records or information on my behalf to the entities or party below on this form:

1. I/we request that the New York City Department of Housing Preservation and Development (HPD), Division of Tenant Resources (DTR), release information related to my DTR case file, if available, to the person or entity listed below, who has submitted a request for information on my case:

_____	_____
(Organization/Name)	(Phone)
_____	_____
(Address)	(Email)

2. I/we release HPD from all claims or causes of action arising out of or related to HPD's release of records to the above-named person or entity.

3. I/we acknowledge that I/we have read this consent form and fully understand it.

4. I/we acknowledge that this consent form may not be changed orally, and that this consent form will automatically expire in 180 days from the date listed below.

Name (Please print)

Signature

Date

(Requests missing any information cannot be honored)