

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), Office of Housing Access and Stability, release information related to my/our HPD rental subsidy case, if available, to the person or entity listed below:

(Organization/Name)

(Phone)

(Mailing 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.
5. If I/we are signing this consent form electronically I/we are also submitting a copy of my/our photo ID(s).

(Name(s) - please print)

(Phone-optional)

(Signature(s))

(Email-optional)

(Date)

(Mailing address)

Requests missing any required information cannot be honored.

