



CONSENT TO RELEASE (NYCHA) RECORDS IN CONNECTION WITH A FREEDOM OF INFORMATION LAW (FOIL) REQUEST FORM

I/we, _____ (print name(s)),
consent to the release of records as set forth on this form:

1. I/we request that NYCHA release records, if any, to the person or entity listed below, who has submitted a FOIL request for NYCHA records:

_____	_____
(name)	(phone)
_____	_____
(address)	(email)

2. The records to be released to the above-named person or entity pertain to:

- Section 8 Public Housing Contracts/ Procurement Employment/ Human Resources
- Other: _____

Please specify the records to be released, including tenant name, dates, contract number, voucher number, vendor number, case number, development names and addresses:

- 3. I/we release NYCHA from all claims or causes of action arising out of or related to NYCHA's release of records to the above-named person or entity.
- 4. I/we acknowledge that I/we have read this consent form and fully understand it.
- 5. I/we acknowledge that this consent form may not be changed orally.

_____	_____
Signature	Signature

Sworn to before me this
_____ day of _____, 20_____

Notary Public

