



Supportive Services
Release of Information Authorization

Agency Information

Community Action Agency
Name of Agency Contact Date
1740 Langdon Farm Road Cincinnati Ohio 45237
Street Address City State Zip Code
513-569-1840
Phone Fax Number Email Address

Customer Information

Name
Street Address City State Zip Code
Phone Email Address

I understand that the Community Action Agency needs to receive information concerning myself and/or my family and is asking for my cooperation in this process. I do give my consent to the agency/program listed above to release the following information for the purpose indicated below and understand that my information may be shared with other participating agencies.

Data requested from:
Landlord/Property Manager Name (Please print):
Phone:
Email:
GCWW account number:
Duke account number:

I understand this consent for release of information shall remain in effect for one year, unless I revoke my consent prior to this agreement.

Signatures:

Customer Date
CAA Staff Date