

Authorization of Release of Information

I hereby authorize and direct the Department of Housing and Community Development, the Department of Transitional Assistance, and the Department of Children and Families, and any of these agencies' contractors or subcontractors, to release to my local legal services program and the Massachusetts Law Reform Institute any and all information in their possession about me or my family, upon request from any employee or agent of my local legal services program or the Massachusetts Law Reform Institute.

Printed Name

Signature

Social Security Number (last 4 digits)

Date

Phone Number