

## HOUSING UNIT AUTHORIZATION TO RELEASE RECORDS

I,	, request and
authorize(Please leave this li	, to release any ine blank)
information and copies of my records whi	ich pertain to me to GREATER BOSTON LEGAL
SERVICES.	
Date	Name (Please print)
	Address
	City, State and Zip Code
(Signature)	
(Last 4 digits of Social Security Number)	