



**BOSTON HOUSING AUTHORITY**  
 Occupancy Department  
 52 Chauncy Street, 3<sup>rd</sup> Floor  
 Boston, Massachusetts 02111



Phone: 617-988-3400  
 Fax: 617-988-4214  
 TDD: 800-545-1833 x420  
[www.BostonHousing.org](http://www.BostonHousing.org)

**AUTHORIZATION OF RELEASE  
 AUTHORIZATION TO INSPECT AND/OR COPY RECORDS**

**CLIENT CONTROL #** \_\_\_\_\_

**LOCATION CODE: (Office Use Only)** \_\_\_\_\_

I, \_\_\_\_\_ (The Applicant)  
 of (Address) \_\_\_\_\_

having Social Security No. \_\_\_\_\_ hereby authorize  
 \_\_\_\_\_ (Please Print)

(\_\_\_\_\_) \_\_\_\_\_  
 (Day Time Phone Number) (agency/relationship)

to inspect and/or copy all records maintained by the Boston Housing Authority Occupancy Department as part of my applicant file. I understand that a photocopy of this authorization is as valid as the original.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Applicant

For purposes of discussing my eligibility for public housing **only**, I further Authorize \_\_\_\_\_ to inspect **(Not Copy)** any CORI information about me held by the Boston Housing Authority.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Applicant

**THIS AUTHORIZATION IS VALID FOR A PERIOD  
 OF ONE YEAR FROM THE DATE NOTED ABOVE**