



SAN FRANCISCO HOUSING AUTHORITY

1815 EGBERT AVENUE, SAN FRANCISCO, CA 94124
MAIN LINE: (415)715-5200; TTY: (415)467-6754
WWW.SFHA.ORG

AUTHORIZATION TO RELEASE INFORMATION

I, _____ authorize the SAN FRANCISCO HOUSING AUTHORITY to permit _____ to examine any and all documents and records maintained by the San Francisco Housing Authority included but not limited to my tenancy, or Housing Choice Voucher (formerly "Section 8") file, and to allow copying of any such documents. I also authorize the San Francisco Housing Authority to discuss any and all matters concerning my program participation.

Date: _____

Name(Print): _____

Signature: _____

Address: _____

Phone#: _____

This form will expire one year from the date signed.