

AUTHORIZATION TO RELEASE INFORMATION



I, _____, hereby authorize _____
_____ to transfer personal information to the Indianapolis Neighborhood
Housing Partnership® (INHP), including but not limited to financial information, program progress and any
additional information related to my involvement in their Economic Mobility Program and/or INHP programs.
I further authorize both organizations to provide such information to partners in connection with my
participation in these programs. It is understood and agreed that a photocopy of this executed form will also
serve as valid authorization.

APPLICANT NAME

APPLICANT SIGNATURE

DATE

