

**CITY OF FREMONT  
HOUSING SCHOLARSHIP PROGRAM  
CONSENT FOR RELEASE OF INFORMATION**

<b>Name:</b>	<b>Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>City:</b> <b>Zip:</b>	<b>City:</b> <b>Zip:</b>
<b>Lived there From:</b> <b>To:</b>	<b>Lived there From:</b> <b>To:</b>
<b>Social Security No:</b>	<b>Social Security No:</b>
<b>Date of Birth:</b>	<b>Date of Birth:</b>

<b>Prior Address:</b>	
<b>Address:</b>	<b>Address:</b>
<b>City:</b> <b>Zip:</b>	<b>City:</b> <b>Zip:</b>
<b>Lived there From:</b> <b>To:</b>	<b>Lived there From:</b> <b>To:</b>

<b>Prior Address:</b>	
<b>Address:</b>	<b>Address:</b>
<b>City:</b> <b>Zip:</b>	<b>City:</b> <b>Zip:</b>
<b>Lived there From:</b> <b>To:</b>	<b>Lived there From:</b> <b>To:</b>

<b>Prior Address:</b>	
<b>Address:</b>	<b>Address:</b>
<b>City:</b> <b>Zip:</b>	<b>City:</b> <b>Zip:</b>
<b>Lived there From:</b> <b>To:</b>	<b>Lived there From:</b> <b>To:</b>

By my signature, I \_\_\_\_\_ hereby authorize  
(print full name)

all information requested released to May Lee, City of Fremont, Office of Housing Services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date