



Tel: 207.942.6365 Fax: 207.942.6043 Voice/TTY:

RELEASE OF INFORMATION Case Manager/ Support Staff

I, , he	ereby grant my permission for BANGORHOUSING, to
release confidential information and	material to the below names agency's person:
Case Manager/ Other Contact:	
Company Name & Address:	
Office Phone Number:	
Cell Phone Number:	
Fax Number:	
E-mail Address:	
My signature on this release also allows information and material to BANGORI	s the above-named agency's person to release any confidential HOUSING.
	r material will be released without this specific permission except nd that I have the right to review copies of any information or mission in writing at any time.
Date:	Signature: