



David P. Connor  
Executive Director



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## GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Include town and zip code

I, the above name individual, have authorized the Winchendon Housing Authority to verify the accuracy of the information which I have provided to the Housing Authority, from the following sources:

Social Security Administration  
Veteran's Administration  
Personal References  
Employers  
Department of Employment and Training  
Department of Public Welfare  
Income Sources for Child Support/Alimony

Income Sources for Pensions  
Income Sources for Annuities  
Financial Institutions  
Current and Former Landlords  
Elder Home Care Services  
All Other Sources as Needed

I hereby give you permission to release this information to the Winchendon Housing Authority subject to the condition that it is kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the Winchendon Housing Authority within five (5) working days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

THIS AUTHORIZATION IS VALID FOR A PERIOD OF FIFTEEN (15) MONTHS  
FROM THE DATE NOTED ABOVE