

**Big Stone Gap Redevelopment & Housing Authority**  
**P.O. Box 536**  
**Big Stone Gap, VA 24219**  
**276/523-4788**  
[bsgha@bigstonegap.org](mailto:bsgha@bigstonegap.org)

***AUTHORIZATION FOR RELEASE OF INFORMATION***

I hereby authorize any persons, or office of any federal, state or local law enforcement agency to disclose, when requested to do so by a representative of the Big Stone Gap Redevelopment & Housing Authority, any and all information regarding my past and criminal or public law violation records, if any.

I hereby authorize any persons, business, agency, corporation, lending institution or other entity with whom I have conducted any business or are currently conducting business with (i.e. but not limited to landlord references, credit check, employment verification, criminal history), to disclose, when requested by a representative of Big Stone Gap Redevelopment & Housing Authority, any and all information regarding my income, credit, debts, liabilities, assets and rental information that said representative of the Big Stone Gap Redevelopment & Housing Authority might request.

This release form is effective during the duration of my application for and lease agreement with the Big Stone Gap Redevelopment & Housing Authority and/or in the event of any legal proceedings involving myself and the Big Stone Gap Redevelopment & Housing Authority.

A photo static copy of this form is to be treated as an original.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Resident Address \_\_\_\_\_

Mailing Address \_\_\_\_\_