# Landlord Engagement Services

# Authorization for Release of Personal Information

*Please complete this form and send separately from the Landlord Engagement Services Referral Form.*

*It can be faxed to Landlord Engagement Services at (425) 426-2314. You should also follow up with an email to* [*SnoCo-LES@ywcaworks.org*](mailto:SnoCo-LES@ywcaworks.org) *to verify the fax was received.*

If you have any questions regarding this form, please call 425-626-1113

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize the following:

Prospective Landlord(s), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to share with: YWCA of Seattle | King | Snohomish Landlord Engagement Services, the below specified informationregarding myself, my spouse/partner, and my children as listed below:

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

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

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

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

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

I release the authorizing agency from all legal liabilities that may arise from this authorization. The information to be disclosed can include but is not limited to:

Rental history, criminal history, financial situation and general household information

I also agree to the disclosure of health information regarding evaluations, screenings, testing, diagnosis, assessment and/or treatment for:  Drug and/or alcohol abuse  Mental illness or mental health

The purpose or need for such disclosure is: **mutual exchange of information**. This release will be effective from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I understand I may revoke this consent at any time by notifying \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and the YWCA of Seattle | King | Snohomish, in writing, except to the extent that action has been taken in reliance thereon.

I understand that:

1. Washington State Law requires that child abuse and the abuse of other vulnerable people be reported.
2. Washington State Law also requires others be informed if a client threatens to harm his or her self and/or others.
3. In the event of a subpoena and court order, family advocates/counselors may be required to disclose information in the presence of a judge.
4. I further acknowledge that the information to be released was fully explained to me and this consent is given of my own free will.

Signature of Participant  Date

Signature of Case Worker/Navigator Date