



Building on Success

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AUTHORIZATION AND WAIVER OF CONFIDENTIALITY

RE: Loan No. _____

(Agency)

This is to notify you that I: _____

Living at: _____
(Clients Address)

Telephone Number: _____

Authorize: _____
(Housing Counselor's Name)

I authorize **Broward County Housing Authority**, to act on my behalf regarding: _____
(Counseling Agency) (Type of Counseling)

You are authorized to provide records and information about me and my case including confidential information that my counselor may ask for.

(Client Signature)

(Date)

(Client Signature)

(Date)

HC Initials

