| SoC Use Only | ❑ Sent _____<br>❑ Received _____<br>❑ Resent _____ |
|---|---|

Household Number: _____

# Authorization for Release of Information

## District of Columbia Housing Authority

## D.C. Opportunity Scholarship Program

This completed form will be submitted to the D.C. Housing Authority (DCHA) on behalf of the parent/guardian listed below, authorizing release of the most recent recertification to Serving Our Children. While this release form is designed to assist with obtaining necessary information, completing this form does not guarantee the information will be received by Serving Our Children in a complete and timely manner as delays can occur. If you receive notification that the information has not been provided, please follow-up directly with the DCHA to obtain the necessary information.

**ATTENTION:**
Mashanda Mosley
Office of the General Counsel
District of Columbia Housing Authority

The person listed below is applying for and/or renewing their D.C. Opportunity Scholarship. In order to prove eligibility, he/she must provide the most recent rent determination letter with DCHA. Please fax a report of the leaseholders most recent rent determination letter stating:

1. **Current address**
2. **Monthly rent amount and subsidized amount paid by DCHA**

**Program** (*check one*):

❑ **Housing Choice Voucher Program (HCVP)**
*Receive a voucher to help pay your rent*

❑ **Public Housing**
*Live in public housing maintained by DCHA*

**Head of Household Name** - *Leaseholder* _____

**OSP Parent/Guardian Name** *(If different from above)* _____

**Social Security Number** _____ **Telephone** _____

**Address** _____

## Certification

You are hereby requested and authorized to furnish Serving Our Children any information in my official tenant file, and to permit the examination of, copying and/or reproduction or otherwise, by this organization of all or any portions desired by them of my file.

I also authorize you to furnish any other oral and written reports relevant to my case and in your custody, as Serving Our Children may request.

| _____ | _____ | _____ |
|---|---|---|
| Signature | DCHA Head of Household Name *(Print)* | Date |