



Narragansett Affordable Housing

25 Fifth Avenue
Narragansett, Rhode Island 02882

401-782-0674 (voice)
401-782-0610 (TDD)
401-782-1050 (fax)

AUTHORIZATION FOR RELEASE OF INFORMATION

I _____ (SS#) _____
(DOB) _____ hereby authorize the Narragansett
Affordable Housing (NAH) to obtain and/or release all records, reports and any
other information pertinent to my possible participation in the Inez Sprague
Foundation Program through Narragansett Affordable Housing.

Agencies that I authorize NAH to release information to and obtain information
from sources related to the request for financial support. Information requests
are limited to the application submitted to NAH regarding residency and financial
support.

By signing this release, I am granting unlimited communication that will be
terminated upon acceptance or denial of funds request.

Applicant/Participant

Date

NHA Representative

Date