## **AUTHORIZATION AND CONSENT TO RELEASE INFORMATION**

l, th	ne und	ders	igne	d participa	ant/bene	ficiary her	eby gives n	ny c	ons	ent ar	nd authori	zes the
Rhode Island Office of Postsecondary Commissioner to release my personal information												
set	forth	on	the	attached	Income	Eligibility	Calculator	to	the	HUD	Grantee/F	'rogram
Adr	ninistr	ator	ſ									
Print name of Participant							Date					