

**WEATHERIZATION ASSISTANCE PROGRAM
RELEASE OF INFORMATION**

Job Number: _____

I, _____, hereby authorize the release of

Information to the following agency:

Southeast Tennessee Human Resource Agency,

For the purpose of determining eligibility for the Weatherization Assistance Program services.

I also authorize this agency to share Information contained in my Weatherization Assistance Program application or case file with other agencies and/or programs from which I seek Additional services.

Signature

Date

Printed Name

Address

Note: If an applicant does not wish to have his/her information shared with other agencies or programs draw a line through that statement.