



Residence Life Office
NWIC
2522 Kwina Road
Bellingham, WA 98226

Release of information:

Background Check information:

Please Print:

FULL NAME: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DATE OF BIRTH: _____ / _____ / _____

Authorization for Release of Information

Consent:

I authorize and direct any federal, state, local agency, organization, business, or individual to release to the Lummi Housing Authority and NWIC Student Housing any information or material needed to complete or verify my application for residence in the Lummi housing program or NWIC student housing. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Lummi housing division in administering and enforcing program rules and policies.

Information Covered:

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested included but not limited to:

Medical, or child care allowances, public benefits, credit, employment, income or assets, residence and rental activity, criminal history, identity and marital status.

I UNDERSTAND: that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for continued participation in a Lummi Housing program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release information include, but are not limited to:

Medical & treatment providers
Public Assistance Programs
Past & Present employers
Social Security Administration
Financial Institutions

Previous & Potential Landlords
Law enforcement agencies
Unemployment agencies
Educational Institutions
Credit Bureaus

LIBC entities
Courts
Child support agencies
Veterans Administration
Utility Companies

CONDITIONS

I agree that a photocopy of this authorization may be used for the purpose stated above. I understand that this release of information may be used for all documentation necessary for participation in programs administered through Lummi Housing and NWIC. I understand that I have the right to review my file and correct any information that I can show incorrect.

Signature

Date