

## Consent & Release of Information Form

**Student's Full Name** \_\_\_\_\_

I, the undersigned tenant, hereby provide my consent for \_\_\_\_\_.

**[Your Property Management Company Name]**

to release the following information related to my tenancy.

### Property Management Company Name & Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Purpose of Information Release

For Emergency Funding Grant application review process.

### Duration of Authorization

Please specify the duration for which the authorization is valid (e.g., one-time release, ongoing authorization for a specified period, etc.) \_\_\_\_\_.

### Terms and Conditions

The release of information and limitations on the use of this information and the parties with whom the information may be shared is the John Jay College of Criminal Justice Emergency Funding Grant Program.

I understand that this information release is voluntary, and I am providing this authorization willingly.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_