



# OKLAHOMA CITY HOUSING AUTHORITY

## CONSENT TO RELEASE IN CONNECTION WITH A RECORDS REQUEST

I/we, \_\_\_\_\_, consent to the release of records as set forth on this form:  
Print Name(s)

1. I/we request that OCHA release records, if any, to the person or entity listed below, who has submitted a Records Request for OCHA records:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

2. Records pertain to: Section 8  Public Housing  Contracts/Procurement  Employment/HR

Other (please explain)  \_\_\_\_\_

List specific records to be released, including names, dates, case numbers, property names and addresses, etc.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. I/we release OCHA from all claims or causes of action arising out of or related to OCHA's release of records to the above-named person or entity.

4. I/we acknowledge that I/we have read this consent form and fully understand it.

5. I/we acknowledge that this consent form may not be changed orally, and it will expire after 60 days.

(Requests missing any information will not be honored)

Signature of Releaser: \_\_\_\_\_ Signature of Releaser: \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public