



Sisters Need A Place (SNAP)
P.O. Box 11358
Minneapolis, MN 55411
sisneedaplace@gmail.com
www.sistersneedaplace.org
612-293-6086

Authorization to Release Information

I, _____ authorize,
(Name of Applicant Please Print here)

SNAP- Sisters Need a Place

to release to, to disclose to, exchange with, or obtain from:

(Name of Person and/or Organization)

the following information:

All information on file

This information may be used for the following purpose(s) only:

To obtain resources such as income, housing, necessities for family and establishing physical, financial and mental stability

This release shall be effective until _____, 20____.

NOTE: Expiration date must be within one (1) year of the date shown below.

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Tenant/Applicant Signature

Date