



Sisters Need A Place (SNAP)
 1200 N. Lilac Drive, Golden Valley, MN 55422
snapclientservices@yahoo.com
www.sistersneedaplace.org
 612-310-1150

Authorization to Release Information

I, _____ hereby authorize:
 Name of Applicant (Please Print)

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.

 Tenant/Applicant Signature

 Date