

AUTHORIZATION FOR RELEASE OF INFORMATION

I HEREBY REQUEST AND AUTHORIZE ANY UTILITY AND/OR AGENCY TO FURNISH INFORMATION WHICH COULD AFFECT MY PARTICIPATION IN THE ENERGY WEATHERIZATION PROGRAM AT MOCA, INC.

I UNDERSTAND THAT THIS FORM MAY BE REPRODUCED AND THE COPIES USED TO OBTAIN INFORMATION TO DETERMINE MY ELIGIBILITY FOR THE WEATHERIZATION PROGRAM. I FURTHER UNDERSTAND THAT INFORMATION OBTAINED WILL BE KEPT AND USED ONLY FOR THE PURPOSE STATED ABOVE.

CLIENTS NAME (PRINTED): _____

SIGNATURE: _____

SOCIAL SECURITY NUMBER: _____

01/06