



CONSENT TO RELEASE INFORMATION

I, _____ (*The Tenant*), give permission for the staff of Urban Triage, Inc. to discuss any payment agreements, past due balances, and other relevant information pertaining to payment towards my tenancy at _____ (*Tenant's Address*) with my landlord/property management _____ (*Landlord/Property Name*).

Please email verifications to: EAurbantriage@gmail.com

_____ (*Tenant's Printed Name*) _____ (*Tenant's Phone*)

_____ (*Tenant's Signature*) _____ (*Date*)

_____ (*Urban Triage Staff Name*) _____ (*Date*)

_____ (*Urban Triage Staff Signature*)

NOTE: Consent will be on file for 90 days and is only valid for the landlord/property management listed.