

AUTHORIZATION FOR RELEASE & EXCHANGE OF INFORMATION

Please type or legibly write your Full Legal Name,

First Name _____ Middle Initial Last Name _____

Address _____ SSN _____

City _____ State _____ Zip Code _____ Date of Birth _____

I hereby authorize the release and exchange of information pertaining to my application between the listed individuals or agencies and Community Action Duluth. The purpose of this release or exchange of information is for determining eligibility for the Jump Start Duluth program, obtaining a car loan, ongoing monitoring of my car loan, and Jump Start Duluth Program Evaluation.

I authorize a Community Action Duluth representative to obtain the following information:

A copy of my Credit Report

Employment start and termination dates, employment confirmation, and any requested wage or salary information from any employer that I have listed as a source of income on my application.

I understand that this authorization will expire if Community Action Duluth's Jump Start Program denies my application. In the event Community Action Duluth approves my application, this authorization will expire when Community Action Duluth releases the lien on the vehicle I purchased through the Jump Start Program.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____