Texas General Land Office
Community Development and Revitalization
Consent to Release Information

Applicant Information		
Program:	**Disaster:**	
Applicant Name(s):		
Application ID:		
Applicant Physical Address:		
City:	**State:**	**ZIP Code:**

Instructions
Applicants can readily access application and project information and make decisions during the application and construction processes. No other person (including a household member) is allowed to receive application or project information unless an Applicant appoints them as an Authorized Representative through a Consent to Release Information (CRI) form. Authorized Representatives cannot make decisions on behalf of Applicants and may only receive application information verbally.

Authorized Representative Information		
Type of Representative: ☐ Individual ☐ Local/State Representative ☐ Legal Counsel ☐ Other:		
Representative Name:		
Physical Address:		
City:	**State:**	**ZIP Code:**
Email:	**Phone Number:**	

Authorization *(Select only one.)*	
I authorize the GLO to verbally release, upon request, all information pertaining to my application and/or project to the Authorized Representative named above so my Authorized Representative can assist me with the application and/or construction process.	☐
I authorize the GLO to verbally release, upon request, only the following information pertaining to my application and/or project to the Authorized Representative named above so my Authorized Representative can assist me with the application and/or construction process:	☐

Authorization Expiration
Expiration Date: ☐ Date of Project completion ☐ Other Date/Event:

Applicant Acknowledgment

Check the box next to each statement to indicate acknowledgment. All must be selected for this CRI to be valid.

I understand and acknowledge that the Authorized Representative named above does not have the right or the ability to make decisions on my behalf relating to my application and/or project.	☐
I understand and acknowledge that the GLO will not provide the Authorized Representative named above with "sensitive personal information", as defined in Texas Business and Commerce Code, Title 11, Section 521.002(a)(2).	☐
I understand and acknowledge that the Authorized Representative named above could release the information they receive from the GLO to others and the information may no longer be protected by federal or Texas privacy regulations; therefore, I release the GLO from legal responsibility or liability for the disclosure of the information as authorized on this form.	☐
I understand and acknowledge that I can revoke this CRI at any time by notifying the GLO in writing and that, upon receipt of my written notification to revoke, the GLO will cease releasing any information under the authority granted in this form to the Authorized Representative named above.	☐

Applicant Declaration

Under penalty of perjury, I declare that it is my intent that the GLO release my application and/or project information under the authority granted by me as instructed in this form. I further declare that the information presented in this document is true and correct to the best of my knowledge and belief. I understand that providing false representations herein constitutes an act of fraud and that submitting false, misleading, or incomplete information may result in my household's ineligibility to participate in the Program.

Warning: Any person who knowingly makes a false claim or statement to HUD or causes another to do so may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.

Signature(s)

Appointing Applicant Printed Name:	**Date:**
Applicant Signature:	
Appointing Applicant Printed Name:	**Date:**
Applicant Signature:	