

**CONSENT FOR THE RELEASE OF CRIMINAL RECORDS TO THE
PASCO COUNTY HOUSING AUTHORITY**

By execution of this consent form the adult household member identified below authorizes any law enforcement agency to release the member's criminal records to the Pasco County Housing Authority.

By execution of this consent form the household member understands that the Pasco County Housing Authority may use the criminal records obtained from a law enforcement agency to screen applications for admission to covered housing programs, for lease enforcement, for termination of assistance, and for the eviction of families residing in public housing or receiving section 8 assistance.

I HEREBY AUTHORIZE any law enforcement agency to release my criminal records to the Pasco County Housing Authority, its agents and employees.

SIGNATURE: _____

DATE: _____

SIGNATURE: _____

DATE: _____

SIGNATURE: _____

DATE: _____

SIGNATURE: _____

DATE: _____