



**CONSENT FOR RELEASE OF INFORMATION**  
**Independence, Inc. Accessible Housing Program**

I \_\_\_\_\_ date of birth \_\_\_\_\_,  
residing at \_\_\_\_\_

hereby authorize Independence, Inc. and

**Don Bradshaw with Accessibility Solutions, LLC and/or other licensed contractors**

---

to exchange information for the purpose of inviting contractors to bid on accessibility modifications in my home; discuss needed modifications and design options, communicate with contractors who submit a bid, and further communicate with the contractor and crew/employees selected to do the work.

Information may be exchanged \_\_\_ verbally (and/or) \_\_\_ in writing.

- ▶ I understand that Independence, Inc. is to disclose ONLY the least amount of information necessary in order to achieve this purpose.
- ▶ I understand that I may ask Independence, Inc. NOT to disclose certain information.
- ▶ I understand that I may discontinue this agreement at any time by simply informing Independence, Inc. that they no longer have my permission to disclose information about me to this person or organization.

Expiration date (*optional*): \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date