

# Housing ACT Exchange and release of information consent form

## Your details and list of organisations

I  Date of birth  /  /

of

give permission to Housing ACT for the release and exchange of information about me with the following persons or organisations:

  
  
  
  

## Duration of consent

**This consent form is valid for:**

The duration of my involvement with Housing ACT  5 years  2 years  From  /  /

to  /  /

**I understand** I can revoke this consent any time in writing

## Your declaration

**I declare** that the information given in this application is complete and correct

Signature

Date  /  /

Telephone

## For Housing ACT to complete

Requesting officer

Signature

Date  /  /

Telephone

## Further information

For more information, contact your housing manager or telephone Housing ACT on 1800 950 255.

**For more assistance on Housing ACT matters, please telephone 1800 950 255.**

## Accessibility

**The ACT Government is committed to making its information, services, events and venues, accessible to as many people as possible.**

If you have difficulty reading this form and would like to receive this publication in an **alternative format**, such as large print or audio, please call us at **133 450**.

If English is not your first language and you require the **translating and interpreting service**, please call **131 450**.

If you are deaf, or have a hearing impairment or speech impairment, you may wish to contact us through the National Relay Service (NRS) <https://www.accesshub.gov.au/about-the-nrs>.



**ACT**  
Government  
Community Services

### Housing ACT

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