



Authorization and Release form

I, _____, understand that various agencies may require Moose Jaw Housing Authority (MJHA), Moose Jaw Non-profit Housing Corporation (MJNPHC), and their representatives may need to share information regarding myself in order to provide adequate support for my tenancy. I understand they are unable to share information without my written consent; therefore, I am giving MJHA, MJNPHC, and their representatives permissions to share information with the following agencies in order to provide the best support possible: (check all that apply)

- Community Living Service Delivery
- RCMP/ MJPS
- Saskatchewan Health Authority
- Moose Jaw Family Services
- Child and Family Services
- Saskatchewan Department of Justice
- Provincial Alternative Supports
- Ministry of Social Services
- Sask Power
- Sask Energy
- Transition House
- Square One Community Incorporated
- Other: _____
- Other: _____

Individual: _____

Date: _____

MJHA: _____

Date: _____