



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

Applicant/Co-Applicant Information		
<b>Program Applicant is applying to:</b>		
<b>Applicant Name:</b>	<b>Co-Applicant Name:</b>	
<b>Physical Address:</b>		
<b>City:</b>	<b>State: Texas</b>	<b>Zip code:</b>
External Party Information		
<b>Is this party an:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Local Representative <input type="checkbox"/> Other:		
<b>Name of Individual authorized to request/obtain information:</b>		
<b>Mailing Address:</b>		
<b>Phone Number:</b>	<b>Email Address:</b>	
<b>Specific verbal information authorized by applicant to be released:</b>		
Statement of Facts		
<b>I/we agree to the following:</b>		
<input type="checkbox"/>	The Texas General Land Office's Community Development and Revitalization Division (GLO-CDR) is hereby granted my/our express permission to provide the individual listed above with the specific verbal information identified above related to my/our application to the GLO-CDR for the above referenced program.	
<input type="checkbox"/>	I/We understand that while I/we agree to grant access to provide information to the individual identified above, the individual does not have the right or the ability to make decisions on my/our behalf as it relates to my/our application to GLO-CDR.	
<input type="checkbox"/>	I/We understand that GLO-CDR will not provide any information that is "Sensitive personal information" as defined in Texas Business and Commerce Code, Title 11, Personal Identity Information, Section 531.001.	
<input type="checkbox"/>	I/we are authorizing the release of verbal information because the above-named individual needs to know this information to assist with my/our application to the GLO-CDR for the above referenced program.	
<input type="checkbox"/>	I/we understand that, once information is released under this authorization, the recipient could re-release it and the information may no longer be protected by Federal or Texas privacy regulations. I/we release the GLO-CDR from legal responsibility or liability for the disclosure of the information as authorized on this form.	
<input type="checkbox"/>	I understand that I may withdraw or revoke my consent to release information granted herein at any time. If I withdraw my consent, my information may no longer be used or released by the GLO-CDR for the reasons covered by this authorization. However, any information disclosures previously made with my consent are unable to be taken back. I may revoke this Consent to Release Information by notifying the GLO-CDR in writing.	
<b>Unless revoked earlier, this authorization expires upon this date or event:</b> <span style="background-color: yellow; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>		
Signatures		
Under penalties of perjury, I/we certify that the information presented in this consent form is true and accurate to the best of my knowledge and belief. I/We further understand that providing false representation herein constitutes an art of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this consent form. Warning: Any person who knowingly makes a false claim or statement may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.		
<b>Applicant Signature:</b>	<b>Co-Applicant Signature:</b>	
<b>Date:</b>	<b>Date:</b>	