



**APPLICANT REQUEST TO RELEASE INFORMATION**

I, the undersigned, hereby authorize and request the Small Rental Property Program (SRPP) and its contractors to release and exchange information regarding the application(s) referenced herein and maintained by the SRPP to \_\_\_\_\_ whether or not such information would otherwise be protected from

(Legal Representative)

disclosure by any constitutional, statutory, or other legal privilege.

The undersigned reserves the right to rescind and void this authorization at any time. SRPP and its contractors may rely on this written authorization until such time that the undersigned notifies the SRPP, in writing and delivered by certified mail to P.O. Box 4729, Baton Rouge, LA 70821, that the undersigned has rescinded this authorization.

The undersigned applicant does **NOT** authorize \_\_\_\_\_ (Legal Representative)

to sign any SRPP program documents on the applicant's behalf, make decisions, obtain checks, or obtain personally identifiable or financial information.

I, or the entity on whose behalf I am acting, hereby release, remise, indemnify, hold harmless, and forever discharge the SRPP and its contractors from any and all manner of action, causes of action, suits, expenses including attorney fees and demands whatsoever arising out of or by reason of complying with this request.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Application ID Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Parish: \_\_\_\_\_

Legal Representative Name: \_\_\_\_\_

Firm or Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Attorney Bar # (if applicable): \_\_\_\_\_

Is Attorney currently an active member of the Louisiana State Bar Association?  Yes  No

**STATE OF LOUISIANA**

**PARISH OF** \_\_\_\_\_

**THUS DONE AND SIGNED** on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in the presence of the undersigned witnesses and Notary Public, after due reading of the whole.

**WITNESSES:**

**APPLICANT:**

\_\_\_\_\_  
*Witness Signature*  
Print Name: \_\_\_\_\_

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Witness Signature*  
Print Name: \_\_\_\_\_

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Notary Public Signature*  
Print Name: \_\_\_\_\_

Notary No./Bar Roll No. \_\_\_\_\_  
Commission Expires: \_\_\_\_\_