

Orange County Housing Authority

1770 N. Broadway • Santa Ana, CA 92706 (714) 480-2700 • (714) 480-2926 TDD http://www.ochousing.org

Authorization for Release of Information for Reasonable Accommodation Request

Please fill out this page, sign below, and give this form to Orange County Housing Authority (OCHA) to send to the health care professional you have identified.

Name of Health Care Profession	onal	
Title	Company/.	Agency:
Address		
Head of Household Name		Tenant ID
Person requesting accommo	dation:	
Name:		Date of Birth:
Request for (check all that app	ly)	
□ live-in aide	□ extra bedroom	
□ voucher on hold	□ voucher extension	
□ absence from unit for medical reason		
Release:		
l,	, her	eby authorize my health care professional
to release the requested inform	nation to OCHA.	
Signature		Date