



INSTALLATION: _____

PHONE: _____

FAX: _____

EMAIL: _____

WEBSITE: _____

Information Release Form

I, _____ (Service member) give permission for the Navy Housing Service Center to share my contact and housing information, including PPI, with _____ (the privatization partner) at _____ (installation).

I, _____ (Service member) DO NOT give permission for the Navy Housing Service Center to share my contact and housing information, including PPI, with _____ (the privatization partner) at _____ (installation) for the following reasons: _____

Service Member Name: _____

X _____

Service Member Signature

Date

FOR OFFICE USE ONLY

If not completed in person:

Permission received: Over the Phone By Email Other: _____

Counselor Name: _____

X _____

Counselor Signature

Date

Contact Your Local Housing Service Center

www.cnic.navy.mil/contacthousing