

City of Morganton
Community Development Block Grant (CDBG)
Small Business Loan Program

Consent for Release of Information/Records

I/We, hereby give my/our consent for the City of Morganton to receive any requested information related to educational, employment, wages, credit history, medical, and/or legal.

I authorize the release of any information in reference to my application for the Small Business Loan Program for the City of Morganton CDBG Program.

I understand that with this consent, there are statues and regulations protecting the confidentiality of authorized information. I hereby acknowledge that this consent is required and is valid until such requested information has been obtained. This authorization is valid for one (1) year from the Borrower's signature date.

Borrower's Printed Full Name

Co-Borrower's Printed Full Name

Borrower (signature) Date

Co-borrower(signature) Date

Social Security Number

Social Security Number

Date of Birth

Date of Birth

Mailing Address

Mailing Address