



**CITY OF NORWICH COMMUNITY DEVELOPMENT OFFICE**  
**CONSENT AND AUTHORIZATION FOR RELEASING FINANCIAL INFORMATION**

I, \_\_\_\_\_, hereby authorize the City of Norwich Community Development Office to share my application for Small Business Grant Assistance with the Southeastern Connecticut Enterprise Region (seCTer) for the purpose of providing underwriting services for the program/grant request.

I understand that this authorization can be revoked by me, in writing, at any time before my records, as described above, are disclosed, and that this authorization is valid for no more than six months from the date of my signature.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name of Applicant)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Signature of Applicant)