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CAMBRIDGE CONSUMERS' COUNCIL

831 Massachusetts Avenue
Cambridge, Massachusetts 02139



City of Cambridge

Working in Cooperation with the
Office of Attorney General Maura Healey

Authorization to Release Information to a Third Party

I, _____, hereby authorize _____ to
[Your Name] [Business Name]

release copies of any and all information in the file for Account No.: _____ to
the Cambridge Consumers' Council (CCC), if this agency so requests, for the sole purpose of resolving
the consumer complaint I have filed.

Further, I authorize _____ to discuss this file with the staff of the CCC.
[Business Name]

I, _____, hereby certify I am the individual named above as the
[Your Name]

subject of these records.

Signature

Date

Mailing Address

City, State, Zip Code

Telephone Number