Laura M. Nichols Executive Director

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Information Specialist

CAMBRIDGE CONSUMERS' COUNCIL

831 Massachusetts Avenue Cambridge, Massachusetts 02139



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 inforthe Cambridge Consumers' Councithe consumer complaint I have file	rmation in the file for Account No.:cil (CCC), if this agency so requests, for the sole purpose of resoled.	to
Further, I authorize	to discuss this file with the staff of th	e CCC
[Bus	siness Name]	
I,[Your Name]	, hereby certify I am the individual named above as the	e
subject of these records.		
Signature	Date	
Mailing Address		
City, State, Zip Code		
Telephone Number		