



# HMIS Client Revocation of Consent Form

**By signing this form, you revoke your authorization for** this Changing Homelessness (as HMIS Lead Agency) and Northeast FL CoC to share basic data about yourself and your household (if applicable). You understand that by revoking your consent to share information you will not lose or be denied any benefits or services.

If you have any questions or you feel your information has been misused in any way you can contact the Northeast FL HMIS Administration at [HMIS@changinghomelessness.org](mailto:HMIS@changinghomelessness.org).

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Client Signature

Date

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Printed Name

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Agency Witness

Date