



## Colorado Homeless Management Information System (COHMIS) Revocation Request

I hereby revoke permission for the partner agencies in the Colorado Homeless Management Information System (COHMIS) to share my personal information regarding my household or myself in the Colorado Homeless Management Information System. I understand that my information will remain in COHMIS as part of the non-identifying data collected on services provided by the Continuum of Care, but that my personal and household information will no longer be available to any partner agency.

Client Name (please print): \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Client HMIS Number (unique ID#): \_\_\_\_\_

Name of Partner Agency: \_\_\_\_\_

Agency Personnel (print): \_\_\_\_\_

Agency Personnel Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Executed By HMIS Lead Agency on Date: \_\_\_\_\_

Comments: