



Consent to the Release of Confidential Information

INSTRUCTIONS

Signing and returning this form authorizes _____ to
Name of Agency Collecting Information
share certain personal information collected about you or your family with other disaster relief and voluntary organizations participating in the Coordinated Assistance Network. _____
needs to share this information in order to coordinate _____
Name of Agency Collecting Information

disaster relief services and assistance, and to reduce the paperwork and applications necessary in available order for you or your family to receive disaster relief assistance and services from multiple relief organizations. All disaster relief organizations participating in community disaster relief are committed to respecting your privacy and using the information solely for the purpose of coordinating and providing disaster relief assistance.

With the exception of certain limited circumstances, it is the policy of _____, not to release
Name of Agency Collecting Information
information about individual or family disaster relief assistance, or other personal information obtained through the provision of disaster relief services, without the written consent of the individual or family. Therefore, we need your written consent to share this information to and assist you or your family with obtaining the disaster relief services in the most expeditious and least cumbersome manner.

