



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 the Spring Storms Pilot 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.



CONSENT AND RELEASE

I, _____, hereby authorize the _____
Client Name Name of Agency

Collecting Information to share any of my information in its possession, including, such as but not limited to my name, address, other personal information and the type of assistance I am receiving as a result of the following disaster _____ with other disaster relief and voluntary organizations participating in the Spring Storms Pilot in order to coordinate available disaster relief services and assistance.

I understand that I may revoke this consent at anytime by contacting _____ except when action has already been

Agency Contact taken to obtain and/or release such information to organizations participating in the Spring Storms Pilot.

My signature on this release indicates that I have read the above, or had it read to me, and that I understand the terms and conditions. I have also had the opportunity to ask any questions. I am also signing this release on behalf of my children that are under the age of eighteen (18).

Signature Head of Household

Identification Date

Signature Spouse

Identification Date

Agency Name Agency ID