

U.S. Department of Homeland Security
 FEDERAL EMERGENCY MANAGEMENT AGENCY

AUTHORIZATION FOR THE RELEASE OF INFORMATION UNDER THE PRIVACY ACT

The purpose of this form is to allow you to direct the Department of Homeland Security/Federal Emergency Management Agency (FEMA) to release information collected for your disaster assistance application to any entity you choose. In accordance with the Privacy Act (PL 93-579) passed by Congress in 1974, FEMA cannot release your information without your written consent (or an exception provided by law). Please return the completed form to your FEMA point of contact or:

Mail to:
 FEMA
 P.O. Box 10055
 Hyattsville, MD 20782-8055

Fax to:
 800-827-8112
 Attn: FEMA

Upload to:
www.DisasterAssistance.gov
 Click "Check Status" on the Home Page
 and follow the instructions

IMPORTANT: You are not obliged to give anyone access to information regarding you, but failure to provide the information requested on this form may make it more difficult for FEMA to share your information with other disaster relief entities to assist you.

Your Full Name *(Last, First, MI)*

Born At: Place of Birth *(City, State/Province, Country)*

FEMA Applicant Number (OPTIONAL)

On: Date of Birth *(mm-dd-yyyy)*

SECTION A (OPTIONAL)

I authorize FEMA to release information selected in Section B below to the following individuals:

Name <i>(Last, First)</i>	Telephone Number	Address	Relationship

SECTION B

I authorize FEMA to release to the individuals in Section A and/or the entities in Section C below the following information:

YES NO

My case file, including inspection reports, amounts of awards, contact information, banking information, Social Security Number, etc. (Cross out information you do not want to share or list under "Other" and check NO.)

My contact information, including address, phone number, e-mail address, work contact information, FEMA application number, etc. (Cross out information you do not want to share or list under "Other" and check NO.)

Other:

SECTION C (OPTIONAL)

If additional disaster resources may be available to me, or if other persons request information regarding my case, I authorize the information listed in Section B above to be released to:

YES NO

State agencies offering disaster assistance

Local, Regional, State or National Voluntary Organizations Active in Disaster (NVOAD) and their partners

Members of Congress and their staff

Media representatives

Other:

This verification of identity and authorization to release records is made pursuant to and consistent with 28 U.S.C. § 1746. I declare under penalty of perjury under the laws of the United States that all of my information on this form is true and correct. This authorization to release records expires one year from the date of signing.

Signature of the Applicant

Current Address

Print Your Name

Date (mm-dd-yyyy)

PRIVACY ACT STATEMENT

The primary purpose for soliciting this information is to establish your identity and your consent to share your information.

FEMA is committed to ensuring that any personal information received is safeguarded against unauthorized disclosure. The data you provide is subject to the provisions of the Privacy Act (5 U.S.C. 552a). This means that FEMA will not disclose the information you provide unless you have given us written authorization to do so, or unless the disclosure is otherwise permitted under the provisions of the Act or in accordance with our routine uses published in Title 6, Part 5 of the Code of Federal Regulations. The information written on this form may be made available as a routine use to other government agencies for law enforcement and administrative purposes.