

U.S. Department of Homeland Security  
Federal Emergency Management Agency (FEMA)  
FEMA-ADMINISTERED DISASTER CASE MANAGEMENT PROGRAM

**AUTHORIZATION FOR THE RELEASE OF INFORMATION UNDER THE PRIVACY ACT**

OMB No: 1660-####  
Expiration:

The purpose of this form is to allow you to direct the Department of Homeland Security/Federal Emergency Management Agency (FEMA) or its designee to release information collected for your disaster case management to entities with resources available to address your disaster-caused unmet needs under Section 426 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. § 5189d. In accordance with the Privacy Act of 1974, 5 U.S.C. § 552a(b), FEMA cannot release your information without your written consent (or an exception provided by law). Please return the completed form to your assigned disaster case manager.

**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.**

DCM Case Number:

Your Full Name (*Last, First, Middle Initial*):

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

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

**DRAFT**

**SECTION A**

I authorize FEMA to release information selected in Section B below to the following individuals (i.e. co-applicant and/or power of attorney):

Name (Last, First):	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 construction cost analyst assessment, types and amounts of awards, status updated, etc. (Cross out any information you do not want to share **or** list under "Other" and check "NO").

My contact information, including address, phone number, e-mail, work contact information, FEMA Application number, etc. (Cross out any 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 to be released to:

YES      NO

- State, District of Columbia, Territory, or Tribe offering disaster assistance
- Recipient State, District of Columbia, Territory, or Tribe of the Disaster Case Management Federal award
- Local, Regional, State or National Voluntary Organizations Active in Disaster (NVOAD) and their partners that offer disaster resources and services
- 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.

I understand that I may revoke this consent at any time by contacting FEMA and/or its designee, except when action has already been taken to obtain and/or release such information to individuals or organizations based on the consent I now revoke. 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 questions. If applicable I am also signing this release on behalf of my children under the age of eighteen (18) or individuals under my guardianship and whose information is part of my case file.

Note: All co-applicants must sign their own consent form before FEMA or its designee can disseminate their information to any outside individuals or entities.

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\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Current Address (Street, City, State, Zip Code)

\_\_\_\_\_  
Sign here

\_\_\_\_\_  
Date (mm-dd-yyyy)

## PRIVACY ACT STATEMENT

**PURPOSE:** FEMA is requesting the information written on this form to establish your identity and your consent to share your information with you or parties you have named in this form.

**AUTHORITY:** Written consent is requested pursuant to the Privacy Act of 1974, 5 U.S.C. § 552a(b). The program for which this form may be used is authorized by the Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. §§ 5121 -5207; The Homeland Security Act of 2002, 6 U.S.C. §§ 311-321j; Reorganization Plan No. 3 of 1978; 4 U. S.C. §§ 2904 and 2906; 4 C.F.R. § 206.2(a)(27); the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193); and Exec. Order No. 13411.

**ROUTINE USES:** FEMA may externally share the information you write in the fields on this form as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended, and as a “routine use” to facilitate information sharing with other government agencies, voluntary agencies, and private entities. A complete list of the routine uses can be found in the system of records notice DHS/FEMA-0XX FEMA-Administered Disaster Case Management Files Notice of System of Records. The Department’s full list of systems of record notice can be found on the Department’s website at <http://www.dhs.gov/system-records-notices-sorns>.

## PAPERWORK BURDEN DISCLOSURE NOTICE

*Public reporting burden for this data collection is estimated to average XX per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0XXX) NOTE: Do not send your completed form to this address.*

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