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:	Fax to:	Upload to:
FEMA	800-827-8112	www.DisasterAssistance.gov
P.O. Box 10055 Hyattsville, MD 20782-8055	Attn: FEMA	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)		FEMA Applicant Number (OPTIONAL)			
Born At: Place of Birth (City, State/Province, Country)		On: Date of Birth <i>(mm-dd-yyyy)</i>			
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	
(To send your file to yourself, list your name.)					
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 1. 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.)					
Yes No 2. 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.)					
Yes No 3. 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 1. State agencies offering disaster assistance	Yes No 1. State agencies offering disaster assistance				
Yes No 2. Local, Regional, State or National Voluntary O	Yes No 2. Local, Regional, State or National Voluntary Organizations Active in Disaster (NVOAD) and their partners				
Yes No 3. Members of Congress and their staff	Yes No 3. Members of Congress and their staff				
Yes No 4. Media representatives	4. Media representatives				
Yes No 5. 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					
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-008 Disaster Recovery Assistance Files Notice of System of Records, 78 Fed. Reg. 25,282 (Apr.30, 2013). The Department's full list of systems of record notices can be found on the Department's website at http://www.dhs.gov/system-records-notices-sorns.					