

## Consent to the Release of Confidential Information

### INSTRUCTIONS

Signing and returning this form authorizes \_\_\_\_\_  
organization collecting information  
to share certain personal information collected about you or your family with other  
disaster relief and voluntary organizations participating in the Coordinated Assistance  
Network. \_\_\_\_\_  
organization collecting information  
needs to share this information  
in order to coordinate available disaster relief services and assistance, and to reduce the  
paperwork and applications necessary in order for you or your family to receive disaster  
relief assistance and services from multiple relief organizations. All disaster relief  
organizations participating in the Coordinated Assistance Network 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  
\_\_\_\_\_  
organization collecting information, not to release 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 \_\_\_\_\_  
organization 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 operation name  
 disaster relief and voluntary organizations participating in the Coordinated Assistance Network  
 in order to coordinate available disaster relief services and assistance.

If you wish to limit this release to specific information, please specify the information that may  
 be released.

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I understand that I may revoke this consent at anytime by contacting  
 \_\_\_\_\_  
Organization contact and phone  
 and/or release such information to organizations participating in the Coordinated Assistance  
 Network

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	Signature Spouse
_____	_____
Identification	Identification
Date	Date
_____	_____