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
Attr: 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) FEMA Applicant Number (OPTIONAL)

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

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Telephone Number</th>
<th>Address</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>(To send your file to yourself, list your name.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:
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  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  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.


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, 76 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.