

**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](http://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:

| Name (Last, First)                               | 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 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.

**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>.