

FEMA WRITTEN CONSENT & REQUEST AND AUTHORIZATION FOR RELEASE OF FEMA FILE

I, Name: _____, born on _____, current mailing address
is: _____ hereby consent to disclosure of information collected by FEMA for my
Application Number _____ for Disaster Number _____ to the organizations and/or
individuals listed below. My current phone number is _____.

My place of birth is _____

The last 4 digits of my Social Security Number are _____;

I specifically consent to have the following information disclosed to them:

- My entire case file (including but not limited to copy of all correspondence, notes, inspection reports, amount of assistance received and breakdown and explanation of such amounts, etc.)
- My current contact information (including but not limited to my full name, mailing address, damaged address, current address, phone number, FEMA application number, etc.)

The above information may be disclosed to the following organizations and/or Individuals:

_____ and their staff, including but not limited to the following people:

- Additionally, I consent to have the above-named organizations and/or individuals speak on my behalf and represent me before FEMA.
- Additionally, I consent to disclosure of my information to any other organization that is a Member in good standing of either the National Voluntary Organizations Active in Disasters (NVOAD) or that is participating in a FEMA or State recognized Long Term Recovery Committee (LTRC) for FEMA-D-XXXX-XX.

This consent is made pursuant to and consistent with 28 U.S.C. §1746. I hereby declare, under penalty of perjury, that the foregoing is true and correct information.

Signature: _____ Date: _____