



United Way of Brazoria County

CONSENT TO DISCLOSE CONFIDENTIAL INFORMATION

I, \_\_\_\_\_, the undersigned, authorize the Federal Emergency Management Agency (FEMA) or SBP to disclose personally identifiable information and/or confidential information in my FEMA or agency file, relating to my eligibility for monetary or other forms of assistance, arising from Hurricane Harvey in Texas to (check one or more):

- Any organization that is a member in good standing of either the National Voluntary Organizations Active in Disaster (NVOAD) or that is participating in a FEMA or state recognized Long Term Recovery Committee (LTRC).
Other, specific name of receiving individual or organization: \_\_\_\_\_.
I consent to have the above-named organizations and/or individuals speak on my behalf and represent me before FEMA.

This consent to release information is given to obtain and/or aid I need as a result of Hurricane Harvey in Texas so that:

- Benefits are not duplicated.
Appropriate referrals for possible and/or potential services provided by other state, nonprofit, and/or faith-based organizations can be made on my behalf.
Other, specifically: \_\_\_\_\_

I specifically consent to have the following information disclosed to them (check one or more)

- My case file information including inspection reports and amounts and type of assistance.
My contact information (name, address, phone numbers, e-mail address, and FEMA application number).

This consent to disclose information may include information that is protected under the federal Privacy Act of 1974. I declare, under penalty of perjury, that the foregoing is true and correct. I am freely giving my consent this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. This consent expires one year from this date or on \_\_\_\_\_, if not sooner. This information is not to be used for any other purpose.

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uwbc.org

@UWBrazoriaCo



Signature of Applicant Providing Consent

Name (Printed)

Current Address

Pre-Disaster Address

FEMA Registration #

Date and Place of Birth

Phone or message #

City, County, State, ZIP

City, County, State, ZIP

and/or Social Security #

GIVE. ADVOCATE. VOLUNTEER.