I, Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, born on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_residing at

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

hereby consent to disclosure of the information collected by FEMA under my Application Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to the organizations and/or individuals listed below. My phone number is

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Place of birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

My entire case files, including inspection report, amount of assistance etc.

|  |  |
| --- | --- |
| My current contact information:  (Name, address,. phone number,  e-mail address and FEMA application  number). | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and their staff, including but not limited to:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 declare, under penalty of perjury, that the foregoing is true and correct.

Sign and date:. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yo,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, nacido el \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ residiendo en

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ otorgo mi consentimiento para la divulgación de la información recogida por FEMA bajo mi número de solicitud \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a todas las organizaciones o individuos listados a continuación. Mi número de teléfono es:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lugar de nacimiento:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Específicamente, doy mi consentimiento a divulgar la siguiente información revelada a ellos:

Mi expediente complete, incluyendo el informe de inspección, la cantidad de asistencia etc…,

|  |  |
| --- | --- |
| Mi información de contacto actual::  (Nombre, dirección, número de  teléfono, dirección de correo electrónico,  y número de solicitud de FEMA.) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

La información anterior puede divulgarse a las siguientes organizaciones y/o individuos.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and their staff, including but not limited to:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Además, doy mi consentimiento para que las organizaciones nombradas arriba y/o personas hablan en mi nombre y me representan antes de FEMA.

Además, doy mi consentimiento para la divulgación de mi Información a cualquier otra organización que sea un miembro de las Organizaciones Voluntarias a nivel Nacional, actives en Desastres (NVOAD) que estén participando en el Comité de Recuperación a Largo Plazo (LTRC) reconocido por FEMA y el Estado bajo FEMA-XXXX-DR-XX.

Este consentimiento se hace conforme a y consistente con 28 U.S.C. §1746. Declaro, bajo pena de perjurio, que lo anterior es verdadero y correcto.

Firma: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fecha:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_