

RELEASE OF INFORMATION ---
Property of Governor's Office of Homeland Security, Disaster 4611

On behalf of my household, I, _____, the undersigned, authorize **the Federal Emergency Management Agency (FEMA), the Governor's Office of Homeland Security (GOHSEP)**, the Coordinated Assistance Network, and _____ (agency representative) to disclose personally identifiable information and/or confidential information relating to the potential financial or other forms of assistance needed for my household, arising from the major disaster declared as: Hurricane Ida FEMA DR-4611. It is given to obtain and/or provide assistance I need as a result of this declared disaster to:

PLEASE CHECK ONE OR MORE OF THE FOLLOWING:

- Any *nonprofit organization* that is participating in a FEMA or state recognized Long Term Recovery Committee (LTRC) for FEMA DR-4611 .
- The State of Louisiana, through the Louisiana Housing Corporation (LHC), the Louisiana Disaster Housing Task Force (LDHTF), the Office of Community Development-Disaster Recovery Unit (OCD-DRU) and to any agent, state or federal agency, designated to receive information relevant to my household request for any disaster support, including housing relief programs, currently or hereafter available as the result of Hurricane Ida FEMA DR-4611.
- Other; specify name of receiving individual or organization: _____

For the purpose of ensuring that: Benefits are not duplicated and appropriate referrals for possible and/or potential services provided by other state, nonprofit, and/or faith-based organizations can be made on my behalf.

PLEASE CHECK ONE OR MORE OF THE FOLLOWING (NOTE: CONSENT TO ANY OF THE FOLLOWING OPTIONS IS VOLUNTARY):

- I specifically consent to release my entire case file, including inspection report, amount of assistance, etc.
- I specifically consent to release the following information: _____
- (OPTIONAL) Additionally, I consent to have the _____ (Name of Agency) case manager speak on my behalf and represent me before FEMA.

I understand that the release of this information does not guarantee that assistance will be provided; however, my authorization serves to maximize the opportunities to receive full support from all available state resources.

This consent to disclose information may include information that is protected under the federal Privacy Act of 1974. It 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.** I am freely giving my consent this _____ day of, _____, 20____. This consent expires three years from this date or on _____, if preferred sooner. This information is not to be used for any other purpose.

Signature of Applicant Providing Consent	Current Phone or message #
Printed Name	Alternative Phone #
Current Address	City, Parish, State, ZIP
Pre-Disaster Address/Damaged Address	City, Parish, State, ZIP
FEMA Registration #	Date and Place of Birth

Submitting Agency: _____	Requestor's Name: _____
Phone Number: _____	Fax Number: _____
Requesting Parish: _____	LTRC/UNC: _____