

**FEMA AUTHORIZATION FOR RELEASE OF INFORMATION  
AND DESIGNATION OF REPRESENTATION**

Name of Applicant/Consentor: \_\_\_\_\_  
FEMA Application Number: \_\_\_\_\_  
Birthdate: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
Damaged Address: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

I, \_\_\_\_\_,

SPECIFICALLY CONSENT TO THE FOLLOWING INFORMATION DISCLOSED:

- My entire case file, including application, inspection reports, amount of assistance, etc.
- My current contact information.
- Any future information added to my case file subsequent to the date of this consent.

I FURTHER SPECIFICALLY REQUEST THAT THE INFORMATION BE  
DISCLOSED TO THE FOLLOWING ORGANIZATION AND/OR NAMED INDIVIDUALS:

\_\_\_\_\_ and/or  
\_\_\_\_\_

Additionally, **I specifically consent to have the above-named organization, and/or the above-named individual(s), speak on my behalf and represent me before FEMA** as to any and all issues relating to the above-listed FEMA application number.

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date