

RELEASE OF CONFIDENTIAL INFORMATION

I _____, hereby authorize the North Georgia Conference of the United Methodist Church Disaster Response Ministry Executive Team to release any information to the American Red Cross, the Salvation Army, United Way, FEMA, Small Business Loan Association, and any Federal, State or Local governmental agencies or charitable organization. Such information includes the information contained on the reverse of this form and any other information needed to coordinate assistance with other agencies or organizations.

I further authorize the American Red Cross, and any other charitable organization or government agency to release information needed to coordinate assistance on my behalf to the United Methodist Church.

I understand the information to be released, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information. I hereby acknowledge that this consent is truly voluntary and is valid for 180 days. I understand that I may revoke this consent at any time, except to the extent that information has already been released before I revoke it.

_____ or _____
(Client) (Authorized Representative)

_____ Date
(Witness)*

*Necessary only if client signs with an "X"

DISCLAIMER: Taking of this survey information does not guarantee that the assistance needed or desired will be provided. This information will be given only to the agency that requests this survey to be done, and that agency will determine whether or not, or in what manner, it will respond.

FOR OFFICE USE ONLY:

TYPE OF GRANT: BLOCK _____ EMERGENCY LIVING _____ REBUILDING _____

AMOUNT REQUESTED: \$ _____

PAYEE(S) and amounts(s) on the voucher check: (Be precise)

CONTROL NUMBER: _____

Approved By _____ Date Approved _____
District Superintendent

Approved By _____ Date Approved _____
Conference Disaster Coordinator or
Ministry Executive Team