COORDINATED ASSISTANCE NETWORK

Consent to the Release of Confidential Information

INSTRUCTIONS

Signing and returning this form authorizes _North Walke Housing Corporation_____
organization collecting information
to share certain personal information collected about you or your family with other disaster relief and voluntary organizations participating in the Coordinated Assistance Network. _North Walke Housing Corporation____ needs to share this information
organization collecting information
in order to coordinate available disaster relief services and assistance, and to reduce the paperwork and applications necessary in order for you or your family to receive disaster relief assistance and services from multiple relief organizations. All disaster relief organizations participating in the Coordinated Assistance Network are committed to respecting your privacy and using the information solely for the purpose of coordinating and providing disaster relief assistance.

With the exception of certain limited circumstances, it is the policy of _North Walke Housing Corporation_____, not to release information about
organization collecting information
individual or family disaster relief assistance, or other personal information obtained through the provision of disaster relief services, without the written consent of the individual or family. Therefore, we need your written consent to share this information to and assist you or your family with obtaining the disaster relief services in the most expeditious and least cumbersome manner.

AIRS. American Red Cross 9/11 United Services Group National Voluntary Organizations Active in Disaster SAFE HORIZON The Salvation Army United Way

COORDINATED ASSISTANCE NETWORK

Consent and Release

I, _____, hereby authorize _North Walke Housing Corporation__
organization collecting information
to share any of my information in its possession, including , such as but not limited to my name, *address,* other personal information and the type of assistance I am receiving as a result of the following disaster: _Hurricane Sandy_____, with other
disaster operation name
disaster relief and voluntary organizations participating in the Coordinated Assistance Network in order to coordinate available disaster relief services and assistance.

If you wish to limit this release to specific information, please specify the information that may be released.

_____

_____

I understand that I may revoke this consent at anytime by contacting

North Walke Housing Corporation except when action has already been taken to obtain
Organization contact and phone
and/or release such information to organizations participating in the Coordinated Assistance Network

My signature on this release indicates that I have read the above, or had it read to me, and that I understand the terms and conditions. I have also had the opportunity to ask any questions. I am also signing this release on behalf of my children that are under the age of eighteen (18).

Signature Head of Household	Signature Spouse
_____	_____
Identification Date	Identification Date
_____	_____