

AUTHORIZATION TO RELEASE TSA CLIENT INFORMATION TO ANOTHER AGENCY



TO: _____
[name of the specific TSA unit]

[full address]

[Phone/fax numbers]

[email address]

[For specific name if applicable]

I, _____, [full name] authorize and request you to provide copies of any documents and/or share any other information which you may have regarding:

to: _____
[name of the person/organization/utility provider/government agency]

[full address and/or town/province]

[phone/fax number if available]

(referred to as the "Other Party")

I give The Salvation Army and the Other Party permission to share and discuss my documents or information in person, by phone or via email for the purpose of enabling The Salvation Army to provide services to me.

This authorization is valid for a period of three months, from _____ [date] to _____ [date].

Name (print):

Signature:

Witness name (print):

Signature: