

AUTHORIZATION TO REQUEST CLIENT INFORMATION FROM ANOTHER AGENCY



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

[full address and/or town/province]

[phone/fax number if available]

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 my representatives at:

[name of the specific TSA unit]

[full address]

[Phone/fax numbers]

[email address]

[For specific name if applicable]

I give you and The Salvation Army 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: _____