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First Name, Middle Initial, Last Name

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FEMA Registration Number

I hereby consent to disclosure of information collected by the Federal Emergency Management Agency (FEMA) to the Governor's Office of Emergency Services (Cal OES).

I specifically consent to have Cal OES staff join Direct Housing recertification meetings alongside FEMA for the purposes of providing recovery services and resources. I understand that my private information will be discussed during these recertification meetings. This release of information (ROI) is only valid for the period that I am licensed into the FEMA Direct Housing program.

This consent is made in agreement with 28 U.S.C. § 1746.

I declare, under penalty of perjury that the foregoing is true and correct.

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Signature of Applicant

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Date