



AUTHORIZATION FOR AN ORGANIZATION TO RELEASE CLIENT INFORMATION TO TSA

TO: _____
(name of the specific TSA unit)

(full address)

(phone number)

(email address)

(Specific name of staff- if applicable)

I, _____, (full name of client) authorize and request _____
(name of organization) to provide copies of any documents and/or share any other information which
they may have regarding:

From: _____
(name of the organization)

(full address)

(phone number)

(email address)

(Specific name of staff- if applicable)

I give _____ (name of other organization) 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 of Client (print):

Signature of client:

Witness name (print):

Signature of witness: