



# AUTHORIZATION FOR TSA TO RELEASE CLIENT INFORMATION TO ANOTHER AGENCY

**TO:** \_\_\_\_\_

*(name of the organization)*

\_\_\_\_\_  
*(full address)*

\_\_\_\_\_  
*(phone number)*

\_\_\_\_\_  
*(email address)*

\_\_\_\_\_  
*(Specific name of staff- if applicable)*

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**From:** \_\_\_\_\_

*(name of the specific TSA unit)*

\_\_\_\_\_  
*(full address)*

\_\_\_\_\_  
*(phone number)*

\_\_\_\_\_  
*(email address)*

\_\_\_\_\_  
*(Specific name of staff- if applicable)*

I give The Salvation Army and \_\_\_\_\_ (name of other organization) 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: .....