Give this form to DTA

• By mail: DTA Document Processing Center,
P.O. Box 4406, Taunton, MA 02780-0420

• By fax: (617) 887-8765

• Upload to the DTA Connect App

***Commonwealth of Massachusetts***

***Massachusetts Department of Transitional Assistance***

**Voluntary Consent to Release Information**

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| **Section 1: DTA Client or Applicant** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client/Applicant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DTA Agency ID or Last Four Digits of SSN Date of Birth  |
| **Section 2: Information to be Shared** |
| **I give permission to DTA to share or receive relevant confidential information about my public assistance cases with the person or organization named in Section 3.**  |
| **Section 3: Person or Organization to Receive the Information** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Name of Person or Organization Phone Number**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Address of Person or Organization  |
| **Section 4: Right to Revoke** |
| You may change your mind and stop the release of this information. To stop it, you must:* call 1-877-382-2363 during regular business hours and speak to a DTA Representative; or
* write to DTA. Send your request to the address or fax number listed above.
 |
| **Section 5: Signature** |
| I understand that when I sign below, I am giving permission to DTA to share or receive my relevant confidential information.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Client/Applicant Signature Date** |

This Voluntary Consent to Release Information is **valid for one year** from the date of the applicant/client signature, unless revoked (see Section 4).

This institution is an equal opportunity provider.
Esta institución es un proveedor que ofrece igualdad de oportunidades.