



Department of Transitional Assistance  
Permission to Share Information Form

All organizations must submit the client signed form by:  
Email to [DTA.ProviderPortal@Massmail.State.MA.US](mailto:DTA.ProviderPortal@Massmail.State.MA.US) or  
Fax to 617-889-7849

<b>Section 1: DTA Client or Applicant</b>	
Client/Applicant Name _____	
DTA Agency ID or Last Four Digits of SSN _____	Date of Birth _____
<b>Section 2: Information to be Shared</b>	
I allow DTA to give or get information about my TAFDC, EAEDC and/or SNAP case with the organization named in Section 3.	
<b>Section 3: Organization to Receive the Information</b>	
Name of Organization _____	Phone Number _____
Address of Organization _____	
DTA Connect Organization ID _____	
<b>Section 4: Right to Change Your Mind</b>	
<p>You may change your mind and stop the release of this information. To stop it, you must:</p> <ul style="list-style-type: none"> <li>• call 1-877-382-2363 during regular business hours and speak to a DTA Representative; or</li> <li>• send a written request to: DTA Document Processing Center, P.O. Box 4406, Taunton, MA 02780 or fax to (617) 887-8765</li> </ul>	
<b>Section 5: Signature</b>	
I understand that when I sign below, I am giving permission to DTA to give or get information on my case.	
Client/Applicant Signature _____	Date _____

This form 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.