

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

Voluntary Consent to Release Information

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:	
<ul style="list-style-type: none">• 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.