



AUTHORIZATION TO RELEASE INFORMATION

A completed copy of both page 1 and 2 should be emailed to [AdoptAFamily@tsa.dhs.gov](mailto:AdoptAFamily@tsa.dhs.gov) or faxed to 1-571-227-1389.

- I acknowledge that participation in the TSA Adopt-A-Family program will require the disclosure of my name, title, duty station, home city and state, general information about my immediate family (e.g. number of children, ages, and gender) and any "wish list" information to all TSA personnel who either administer or participate in the program, including TSA personnel who wish to donate goods or funds to me and my family.
I also acknowledge that personnel in TSA management, including their staffs and personnel in the Office of Human Capital (OHC), will require access to my personal information, including my name, title, duty station, and full home address (both current and permanent) in order to facilitate the distribution of any contributions to me and my family.
I, hereby, authorize the release of my name, duty station, home city and state, general family information, and any list(s) of goods or items requested for the purpose of eliciting donations to me and my family. Further, I authorize the release of my personal information to TSA personnel who require such access to administer this program and to facilitate the distribution of any donations to me and my family.

Signature

Date

Print Name

Title

Duty Station

PRIVACY ACT STATEMENT: Authority: 49 U.S.C. § 114(n); 5 C.F.R. 950.102(a). Principal Purpose(s): This information will be used to elicit donations and facilitate the distribution of contributions as part of TSA's Adopt-a-Family program. Routine Use(s): This information may be shared with TSA personnel in connection with the Adopt-a-Family program, or for routine uses identified in the Transportation Security Administration's system of records notice, DHS/TSA 006 Correspondence and Matters Tracking Records. Disclosure: Voluntary; failure to furnish the requested information may result in a delay in your enrollment and participation in the Adopt-a-Family program.



Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

Telephone: \_\_\_\_\_  
Primary Alternate

Email Address: \_\_\_\_\_

Airport Code: \_\_\_\_\_

Family Size (in #s) \_\_\_\_\_  
Adults Children Ages/Gender

Have you lost your home? Yes  No

Gift Request or Assistance Needed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE OF HUMAN CAPITAL USE ONLY**

Date Item(s) Received \_\_\_\_\_

Family ID# \_\_\_\_\_

Request Anonymity Yes  No

Donor POC: \_\_\_\_\_  
Name Phone Email

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