

Greater Cincinnati Disaster Preparedness Coalition Emergency Credentialing

Form

Emergency/Disaster Information Release Authorization

I, _____, wish to give assistance during this emergency/disaster situation and hereby authorize my employer/former employer to release to _____ or its agents by any party, including but not limited to law enforcement agencies; and employers, the following information and documentation concerning my employment. I authorize and agree to permit _____ or its agents to initially secure and review and / or periodically secure and review such information. I further release _____ and / or its agents, pursuant to this authorization, from any and all claims or liability connected therewith. I understand that any falsification of this information including omission or misrepresentation of any kind whatsoever may result in a criminal investigation for fraud or other applicable criminal violations.

Personal Data:

Signature _____ Print Name _____ Date _____
_____-_____-_____/_____/_____(____)-____-_____
Social Security Number Date of Birth Phone Number
City _____ State _____ Zip _____ Male Female
Email address: _____

Licensure Data:

Position volunteering for _____
Dept. you desire to volunteer for _____

Licensure/Certification Type (copy and attach)

State Issued _____ Expiration Date _____

Licensure/Certification Number (copy and attach)

State Issued _____ Expiration Date _____

Employer Data:

Employment Status: Presently Employed Unemployed Retired

Address _____
If employed, Employer name _____
City _____ State _____ Zip _____