

Consent to Release of Information

Title/Full Name

Pursuant to 5 U.S.C. § 552a(b), The Privacy Act, I, _____, consent to the release of my name and address to the National Fallen Firefighters Foundation or the Concerns of Police Survivors, Inc. I authorize release to:

- Concerns of Police Survivors, Inc. (COPS)

- National Fallen Firefighters Foundation (NFFF)

| | |
|--------------------------------|-------------|
| (Claimant's Name) Signature | Date Signed |
| (Claimant's Name) Signature | Date Signed |

Mail to:

Public Safety Officers' Benefits (PSOB) Office
Bureau of Justice Assistance
810 7th Street, NW
Washington, DC 20531