

**UNHCR/REFUGEPOINT/HIAS
AUTHORIZATION TO DISCLOSE INFORMATION**

Name of Applicant: _____

Date of Birth: _____

UNHCR File no.: _____

UNHCR Case no.: _____

1. I hereby authorize UNHCR, RefugePoint and HIAS to disclose to UNHCR, RefugePoint and HIAS all information or documents pertaining to me and my dependants that I have provided directly to any of the three agencies: UNHCR, RefugePoint and HIAS.

2. This authorization is valid until the date upon which I give notice to UNHCR, RefugePoint and HIAS that they are no longer authorized by me to access the above information.

First and Last Name: _____

Signature: _____

Date: _____

Witnessed by:

Name: _____

Signature: _____

Organisation and Title: _____

Date: _____

Interpreted by (if necessary):

Name: _____

Signature: _____

Date: _____