

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD

AUTHORIZATION FOR RELEASE OF INFORMATION

Date Sent: _____

Date Received: _____

(Printed Name of Applicant)

(Printed Name of Sponsor)

(Social Security Number)

(Social Security Number)

(Signature)

(Signature)

(Date)

(Date)

Name and social security number(s) of other household members over twelve years of age:

