

## **Authorization for Disclosure of Personal Information**

\*\*PLEASE PRINT\*\*

Rider's Full Name:	Rider's Date of Birth: / /
By signing below, I hereby authorize LANTA to discus	ss with and/or provide the following records to the
individual(s) listed below:	
All information regarding a rider's application for service eligibility	
All information regarding a rider's service eligibility and service history	
Only information regarding trip(s)/incident(s) occurring on date or date range:	
Name:	
Organization (if applicable):	
Phone:	_ Email
Name:	
Organization (if applicable):	
Phone:	_ Email

This authorization is effective: 
Until further notice
Until specific incident(s) is resolved

I understand that this authorization will remain in effect as noted unless revoked by me, in writing, and submitted to LANTA, but that any such revocation will not affect any disclosures made by LANTA prior to the receipt of any such revocation. LANTA, its programs, services, employees, officers and contractors are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized.

Signature of Rider or person with Power of Attorney for Rider Please provide documentation of Power of Attorney if applicable Date

Once complete, this form may be submitted via:

- US mail to Rider Resources & Communications, 1060 Lehigh St., Allentown, PA 18103 or
- Scan and email as a .PDF file to lantavanapps@lantabus-pa.gov or
- Secure fax to 484-633-3625.