

# Consent for Exchange and Release of Information



Written consent is required to authorize California Victim Compensation Board (CalVCB) to speak with a third party on your behalf.

CalVCB Application Number

This consent authorizes the gathering, exchange and release of information for purposes of communicating and documenting information necessary to process a CalVCB application, including:

- CalVCB application status
- Identifying information, e.g., name, date of birth, social security number, address
- Other information needed to review the application or bills

I authorize CalVCB to release and exchange confidential information with the following family members, friends, community-based organizations (CBO), and/or Trauma Recovery Centers (TRC).

I further authorize CalVCB staff to call the listed representative(s), CBO or TRC to request any additional information in the event that I cannot be reached.

Name	Relationship or Agency <i>If CBO or TRC</i>	Address	Phone and Fax Numbers

The information may be shared via verbal communication, written documentation, and/or electronic transmission (email/fax).

I understand that this release is valid when I sign it, and that I may withdraw my consent to this release at any time either verbally or in writing. The release may be valid for up to three (3) years.

For dependent minors or adults, the parent or legal guardian must provide his/her signature consenting for the dependent to allow CalVCB to release and exchange the above stated information.

Victim Name

Parent/Legal Guardian Name

\_\_\_\_\_  
Victim Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**Please mail or fax this Consent Form to:**

California Victim Compensation Board  
P O Box 3036  
Sacramento, California 95812-3036  
Fax: 1-866-902-8669



## Privacy Notice on Collection

1. CalVCB collects this information based on California Government Code sections 13952 et seq. and 13954.
2. All information collected from this site is subject to, but not limited to, the Information Practices Act. See <http://victims.ca.gov/media/prc.aspx>.
3. This information is collected for the purpose of determining eligibility for compensation.
4. CalVCB may disclose your personal information to another requestor, only if required to do so by law or in good faith that such action is necessary to:
  - a. Conform to the edicts of the law or comply with legal process served on CalVCB or the site;
  - b. Protect and defend the rights or property of CalVCB; and,
  - c. Act under exigent circumstances to protect the personal safety of users of CalVCB, or the public.
5. Individuals are to provide only the information requested.
6. The information provided is mandatory.
7. The consequences of not providing the requested information could result in the denial of your application.
8. You have the right to access the records containing the personal information that you provided.
9. The information collected is used by the California Victim Compensation Program.
10. Any questions regarding the information collected, please write to the following address: PO Box 48, Sacramento, CA 95812, email [info@victims.ca.gov](mailto:info@victims.ca.gov), call (800) 777-9229, or contact the CalVCB Privacy Coordinator at [InfoSecurityandPrivacy@victims.ca.gov](mailto:InfoSecurityandPrivacy@victims.ca.gov).
11. For additional information regarding privacy, please see CalVCB's Privacy Notice. See <http://victims.ca.gov/privacy.aspx>.
12. For information regarding consumer information on security, please visit <https://oag.ca.gov/privacy/online-privacy>.