



# FASTTRAC! Authorization to Release Information

## Section I

Name					
Street Address					
City		State		Zip Code	
Telephone (Home)			Client ID#		
Email Address					
Accessible Format Requirements (check all that apply)	Large Print		Audio Tape		TDD
	Other (please detail)				

## Section II

### Please complete the following:

I, \_\_\_\_\_ (print name), hereby authorize any employee or contract employee of FAST to release my FASTTRAC! reservation schedule, to include dates, times, pick-up and drop-off locations, to the following persons (please print):

_____	_____
_____	_____
_____	_____
_____	_____

I understand that this authorization will remain in effect until my current FASTTRAC! eligibility for service expires, or until I submit a new Authorization to Release Information form.

Customer Name (please print) \_\_\_\_\_

Customer Signature \_\_\_\_\_

Effective Date: \_\_\_\_\_

**Please submit this form in person, or mail to the address below:**

FAST  
Attn: Paratransit Operations Manager  
455 Grove Street  
Fayetteville, NC 28301

If you require assistance in completing this form, you may call us at (910) 433-1232 (Option 3) to request an appointment.