

**DEPARTMENT OF TRANSITIONAL ASSISTANCE**  
**Permission to Access DTA Client Case Information**

REQUEST FOR ACCESS TO CLIENT RECORD OF: \_\_\_\_\_  
(Print Client's Full Name)

1. Client Information:

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Address: \_\_\_\_\_

Last 4 digits of SS#: \_\_\_\_ \_ or DTA "Agency ID" number: \_\_\_\_\_

2. I hereby authorize \_\_\_\_\_  
(organization's name and city/town)

to have access to my DTA case record and case information, including any electronic records. I authorize this organization to discuss my application or benefits with a DTA case manager, supervisor, director or other DTA employee. This form is valid for 12 months unless I have stated otherwise on this form or in other communication.

3. I hereby certify that I am the client named above.

\_\_\_\_\_  
Client Signature Date

→ Send through **DTA Connect** (DTA's mobile app),  
**Fax to** (617) 887-8765,  
**Mail to** DTA Document Processing Center, P.O. Box 4406, Taunton, MA 02780 OR  
**Bring in person** to a local DTA office

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