

Passenger Release of Information

Authorization Form



Name of Passenger (please print) _____

I authorize Metro Bus staff to discuss any of the following information with the individuals noted below to the extent necessary for Metro Bus to provide me with public transportation service.

Authorized Information (select all that apply)

- Schedule and cancel rides
- Inquire about ride locations and times
- Discuss and appeal no-shows
- Discuss any accidents or incidents that occur on the bus
- Discuss changes in mobility
- Discuss the Dial-a-Ride Service Application or Recertification form
- Medical emergencies which occur while I am utilizing Metro Bus service
- Other _____

Authorized Agency Staff and/or Individuals (select all that apply)

Authorized agency and/or residential/group home staff include (please print):

- All staff employed at _____ Agency
Contact Information (Phone): _____
- All Staff employed at _____ Residential/Group Home
Contact Information (Phone): _____

Other authorized individuals include (please print):

- Name _____ Phone: _____
- Name _____ Phone: _____
- Name _____ Phone: _____
- Name _____ Phone: _____
- Name _____ Phone: _____

This release will remain on file for the duration of your eligibility with Metro Bus Dial-a-Ride service unless otherwise indicated by the passenger or their legal guardian.

Signature of Passenger _____ Date _____

Legal Guardian Name (please print) _____

Signature of legal guardian _____ Date _____
(Please provide proof of legal guardianship)