STANDARD OPERATING PROCEDURE – SOP# 103.2
INFORMATION RELEASE PERMISSION (IRP)
CERTIFICATION, CONSENT AND/OR LIMITED POWER OF ATTORNEY REGARDING ACCESS PARATRANSIT

1. I certify that I am not the subject of a conservatorship or guardianship.

2. Consent Regarding Information [Optional]

☐ I consent to information from my Access Paratransit file being provided upon reasonable advance verbal request to:

   a. ☐ anyone who verbally identifies themselves to Access Paratransit as my ____________ and who provides my rider number

   b. ☐ ________________, ____________________ or ____________________ provided that they first furnish proof of their identity to Access Paratransit

3. Limited Power of Attorney Regarding Paratransit [Optional]

☐ I further grant a limited power of attorney to the persons mentioned in 2b. above to make Access Paratransit decisions and to receive paratransit communications on my behalf and in my place and stead.

I understand that the consent and powers, if any, granted by me above may be revoked only upon a 10 day prior written notice thereof signed by me and provided to Access Services. IF YOU HAVE ANY QUESTIONS ABOUT THESE CONSENTS AND/OR POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

Dated: ____________________

__________________________________________Access Paratransit Rider# __________

[Signature of Eligible Rider]

[If Power of Attorney box checked, have acknowledgment on second page signed]
CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF CALIFORNIA                     )
COUNTY OF LOS ANGELES                  )

On __________________ before me,

______________________________________________ (here insert name and

of the officer), personally appeared ____________________________________,
who proved to me on the basis of satisfactory evidence to be the person(s) whose
name(s) is/are subscribed to the within instrument and acknowledged to me that
he/she/they executed the same in his/her/their authorized capacity(ies), and that
by his/her/their signature(s) on the instrument the person(s), or the entity upon
behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California
that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

_______________________________             (Seal)

ACKNOWLEDGMENT OF AGENT

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT
ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN
AGENT.

__________________________   [Signature of Agent]