



Access Services
 PO Box 5728
 El Monte, CA 91734
 213.270.6000
 accessla.org

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]

SOP#: 103.2	IRP	Issue date:	2/25/2016	Previous issue:	1/13/16
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CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF CALIFORNIA)
COUNTY OF LOS ANGELES)

On _____ before me,

_____ (here insert name and title

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]

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