



# Revoke Authorization of Representative Form

This form is to be used by an applicant, representative or household member who has authorized a representative for their interactions with the Department of Financial Assistance and would like to revoke that authorization. If a new representative is to be assigned, an Authorization of Representative Form should also be submitted for the new request.

**Application ID**  **FAS ID**

**Name of Household Member**

First Name  Middle Name  Last Name

**Date of Birth of Household Member**  dd/mm/yyyy

**Physical Address of Household Member**

House#  Street Name

Apt#  Bldg Name  Neighbourhood

**Select your District**  Bodden Town  West Bay  East End  George Town  
 North Side  Cayman Brac  Little Cayman

**Please complete the table below regarding the representative that had been authorized:**

Full Name of Representative	<input type="text"/>
Contact Number of Representative	<input type="text"/>
Contact Email of Representative	<input type="text"/>

**Comment Reason for Revocation:**

I, \_\_\_\_\_ (household member) revoke my authorization for the Department of Financial Assistance to provide information about my application or services to the above named individual.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_ (representative) revoke my representation of (household member) to receive information about their application or services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you for completing this form. This form can be submitted online by visiting [dfa.gov.ky](https://dfa.gov.ky) or via email to [dfainfo@gov.ky](mailto:dfainfo@gov.ky).