

Information Sharing Consent Form

I hereby consent to the collection, use, and sharing of my personal information for the purposes described below. I understand that my information will be treated confidentially and shared only with authorized individuals or organizations.

Full Name:

Date of Birth:

Type of Information to be Shared:

Recipient(s) of Information:

Reason for Sharing:

I have read and understood the above and consent to the sharing of my information as described.

Signature:

Date: