

Digital Consent Authorization

By completing this form, you are providing your digital consent to participate in the specified activity or service outlined below.

Full Name:

Email Address:

Description of Activity/Service:

Authorization

I hereby authorize the organization to collect, process, and store my personal data as described above. I understand that I may withdraw my consent at any time by contacting the organization.

I agree to the terms and authorize digitally.

Digital Signature:

Date: