

## Individual Information Release Agreement

I, [REDACTED], hereby authorize the release of my personal information as described below.

Date of Birth: [REDACTED]

Address: [REDACTED]

Information to be released:

[REDACTED]

Purpose of release:

[REDACTED]

Recipient's Name or Organization: [REDACTED]

Signature: [REDACTED]

Date: [REDACTED]

I consent to the above release of my information.