

Data Release Authorization Statement

I, the undersigned, hereby authorize the release of my data as described below. I acknowledge that this information may be shared with authorized personnel, institutions, or agencies as required for the intended purpose.

Full Name:

Date of Birth:

Type of Data to be Released:

Recipient of Data:

Purpose of Data Release:

Signature:

Date:

By signing above, I confirm that I have read and understood this authorization statement and consent to the release of my data as specified.