If you have a question about anything on this form, or would like more explanation, please talk to __________________________ before you sign it.
[entity contact person name and contact information]

I, _____________________________________, give my permission for ________________________
[name of individual data subject] [name of government entity]
to release data about me to ____________________________________ as described on this form.
[name of other entity or person]

1. The specific data I want ________________________ to release
______________________________ [name of government entity]
[explanation of data]

2. I understand that I have asked ________________________ to release the data.
[explanation of data] [name of government entity]

3. I understand that although the data are classified as private at _________________________, the
classification/treatment of the data at ___________________________ depends on laws or
policies that apply to _________________________.

This authorization to release expires ________________________.
[date/time of expiration]

Individual data subject’s signature ____________________________________ Date__________

Parent/guardian’s signature [if needed] __________________________ Date____________

406-10F