



Survivor Release of Information

This is a consent for release of information (hereinafter referred to as “Release of Information”) about:

Name of Survivor

Date of Birth

I authorize the Survivor Reentry Project and Freedom Network USA to release and/or obtain information from these specific organizations or individuals:

This information may be used only for the following purposes:

This Release of Information is valid until _____. This Release of information is not automatically renewable. It expires automatically at the end of the period specified unless revoked in writing sooner.

I understand I have the right to see this information at any time. I understand that I can change my mind and tell FNUSA in an email that I no longer want to share my information. Any information already released may be used as stated on the consent. I have read this information or it has been read to me, and I understand and agree.

Printed Name

Signature

Date