



Elks Camp Grassick

Release of Information for _____

Release of Information:

I hereby authorize and/or exchange information between Elks Camp Grassick and the following agencies.

1. Name: _____

Mailing Address: _____

City, State, Zip : _____

2. Name: _____

Mailing Address: _____

City, State, Zip : _____

3. Name: _____

Mailing Address: _____

City, State, Zip : _____

Authorization is given for the release of information concerning:

Name of Child: _____

Birthdate: _____

Parent/Guardian Signature: _____ Date: _____