PERSONNEL 5730

VOLUNTEER -- AUTHORIZATION TO RELEASE INFORMATION

| I, | | | |
|---|--|------------------|------|
| | | SIGNATURE | DATE |
| | | Print Full Name: | |
| Print Full Address: | | | |
| | | | |
| Birth Date: | Social Security Number: | | |
| STATE OF IDAHO) : ss. County of) | | | |
| County of) | | | |
| of Idaho, personally appearednamed in the foregoing Release, and ac | | | |
| IN WITNESS WHEREOF, I hayear in this certificate first above writte | eve hereunto set my hand and affixed my notarial seal the day and n. | | |
| | Notary Public, State of Idaho County of My commission expires | | |

Policy History: Adopted on: 2-13-2012

Revised on: