SOUTHEAST TEXAS APPLIED FORENSIC SCIENCE FACILITY

Sam Houston State University
Criminal Justice Center
College of Criminal Justice

Authorization to Disclose/Release Confidential Donor and Donation Information

On this _____ day of _____, in the year of 20_____

I, _____ _____
(Principal Signer PRINT First Name and Last Name) (Signature of Principal Signer)

Hereby authorize the following list of adult individuals below to receive confidential donor and donation information pertaining to:

_____
(For Living Donation Applicants-list your First and Last Name again, For Next-of-Kin Applicants-list First and Last Name of Deceased)

Limitations of this authorization include modifications or alterations to original donation application(s) and original donation paperwork.

List of Authorized Adult Individuals Eligible to Receive Confidential Donor and Donation Information:
Each Adult Individual Must Provide Proof of Photo ID to be Considered Eligible

Printed Full Name _____ Signature _____

Phone # _____ Email _____

Mailing Address _____

Relationship to donor/applicant_____

Printed Full Name _____ Signature _____

Phone #_____ Email _____

Mailing Address _____

Relationship to donor/applicant_____

Printed Full Name _____ Signature _____

Phone #_____ Email _____

Mailing Address _____

Relationship to donor/applicant_____

Printed Full Name _____ Signature _____

Phone #_____ Email _____

Mailing Address _____

Relationship to donor/applicant_____

Printed Full Name _____ Signature _____

Phone #_____ Email _____

Mailing Address _____

Relationship to donor/applicant_____