PERSONNEL 5730

VOLUNTEER -- AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:	
I,	
SIGNATURE	DATE
Print Full Name:	
Print Full Address:	
Birth Date:	Social Security Number:
STATE OF IDAHO) : ss. County of)	
On this day of of Idaho, personally appeared named in the foregoing Release, ar free act an IN WITNESS WHEREOF	
year in this certificate first above v	vritten.
	Notary Public, State of Idaho County of My commission expires