

GENERAL AUTHORIZATION and RELEASE

By my signature below I authorize and consent that the professionals indicated herein by my initials, and their firms or agents, may release and disclosure to the Salem/Keizer branch of the NAACP, or its representative, all information, records, instruments, and documents requested on my behalf. I further authorize the professionals indicated below to discuss with the SK-NAACP or its representative any matter on which they were engaged on my behalf. I am aware that the information disclosed may be protected by federal or state law, and I specifically consent to the disclosure of such information.

This release applies to those categories of professionals indicated below by my initials

_____ Lawyer

_____ Psychotherapist/Counselor

_____ Doctor

_____ Clergy, Confessor or Spiritual

A photocopy of this release shall have the same force and effect as the original. This authorization stays in effect for one year from the date of signing or until expressly withdrawn, whichever comes first.

Dated: _____

Printed name

Signature